

**Michigan State University College of Nursing  
Distinguished Alumni Award, Nomination Form**

*No nominee will be considered unless the entire form is completed. Additional pages may be attached.*

Nominee \_\_\_\_\_  
Year of Graduation      BSN \_\_\_\_\_      MSN \_\_\_\_\_      PhD \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Title \_\_\_\_\_  
Business Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**List nominee's voluntary services to Michigan State University, the College of Nursing and/or other public service on a local, state, national, or international level.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list professional accomplishments including any leadership roles, elected positions, or other activities deserving special recognition. Include a brief description of duties and the impact the nominee may have had in those roles.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Honors, Awards, or other Recognition**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Support Documents:** Letter of support from nominator and resume of nominee.

*Nominations and supporting documents are due by July 31, 2009 or any time throughout the year. Submit to Pamela Schoen, College of Nursing, A217 Life Sciences Building, East Lansing, MI 48824. If you have questions or need additional information please call toll free at 888-771-3637.*