Sam Houston State University



Box 2022 Huntsville, Texas 77341-2022 (936) 294-1841

Distinguished Alumni Nomination Form (Deadline on or before <u>April 1st</u> each year)

Attached you will find the selection criteria and nomination form for the Distinguished Alumni Award, the highest honor the Association and Sam Houston State University can bestow upon alumni. This honor is for graduates or former students who have distinguished themselves through personal and professional achievements and who have made significant contributions to SHSU and/or society, and thus have brought honor and distinction to our university.

All nominations are kept on file for three years to be reviewed by the Distinguished Alumni Awards Committee. The honorees will be presented at the Distinguished Alumni Dinner during homecoming. Please return the nomination form to the SHSU Alumni Association, Box 2022, Huntsville, Texas 77341-2022 on or before April 1st. If you have any questions concerning nomination procedures, call 936-294-1841.

Nomination Form Distinguished Alumni Award

Sam Houston State University

To nominate an individual for a Distinguished Alumni Award, please complete this form and return it to the Sam Houston State University Office of Alumni Relations <u>on or before April 1st</u>.

Nominee's Name:			
	Last	First	Middle
Current Address:			
City:	State:		Zip:
Home Phone:	Business Phone:		Email Address:
Position/Title:		Year	rs in Present Position:
Current Employer:			
Employer's Address:			
City:	State:		Zip:
Spouse's Name:			
Educational Backgroun	nd:		
Class:	Degree:		Major:
Describe the attributes	this nominee possesses:		
List personal/professio	nal affiliation(s) and recog	nition(s)	

Describe those activities undertaken to advance the quality of life in his/her community:

List honors, awards, and achievem	ents:	
List the nominee's past employers,	positions held, and the number of	f years worked for each:
Employer	Position	Total Years
List professional affiliations and re-	cognitions:	
Other significant information:		

Nominated by:			Date:	
Current Address:				
City:	State:	Zip:		
Home Phone:	Business F	hone: Emai	1 Address:	
Other significant i	nformation:			
Statement to Supp	ort Nomination:			
Please submit no 1	more than 5 letters of reco	mmendation and/or supportin	g documents.	
		dividuals who also support this	_	
Flovide the lonow.	ing information for two in			
Name	Address	Phone Number	E-Mail Address	
	Address	Phone Number	E-Mail Address	
<u>Name</u> 1. 2.	Address	Phone Number	E-Mail Address	

Nominee resume and letters of recommendation may be attached.