

2015 UNIVERSITY OF GUAM DISTINGUISHED ALUMNI NOMINATION FORM



Nominee's Information

\Box Mr. / \Box Mrs. / \Box Ms. / \Box Other		
Category (Check one only): CLASS C	NAS SRPA S	OF SON&HS Military
Nominee's Full Name:		
Maiden Name (if different from full name):		
Degree(s) Earned:		
	Job Title:	
Business Address:		
Mailing Address:		
E-Mail Address:		
Daytime Phone: (\square Home \square Business \square Cell		
No	minator's Informatio	n
Nominated by		
(Print Name)		(Signature)
Mailing Address:		
Daytime Phone: (\square Home \square Business \square Cell		
Email:		
Why do you feel your nominee is deserving of		
Do you have any attachments □ No / □ Yes, This form must be submitted by October 16, 2	•	
Mail to: University of Guam UOG Station Mangilao, Guam 96923	Hand Delivery President's Of 2 nd Floor, Jesu	: fice – ATTN: Norman Analista is & Eugenia Leon Guerrero Building
Email: uogalumniassociation@gmail.com		
FO	R OFFICE USE ONL	1
Date/Time Re	ceived:	
Verified by Registrar:		
(5	Signature)	(Date)