

COLLEGE OF ENGINEERING AND APPLIED SCIENCES

Alumni Excellence Academy

2004 Nomination Form

See award criteria. Please type or print.

Nominee's name _____

Name at Graduation (if different from above) _____

Current Professional title _____

Organization _____

Address _____

(please include city, state, and zip)

Home Address _____

(please include city, state, and zip)

Phone (_____) _____

Email Address _____

If known, please answer the following questions:

WMU Class Year(s) _____

Major: _____

Please address the following award criteria:

Awards and Honors _____

Involvement in Professional Organizations _____

Involvement in Community/Civic Organizations _____

Involvement with WMU _____

Please identify why you are nominating this person _____

(attach additional pages if necessary)

Nominator's name _____

WMU Class Year(s) _____

Address _____

(please include city, state, and zip)

Phone (_____) _____

Email Address _____

Return completed nomination form by March 15, 2004