

Honoring the Best of the Best in Academics®

ACADEMIC HALL OF FAME NOMINATION FORM

To be completed by Applicant

Name of Applicant _____

Category (Doctorate, Master's, Bachelor's, Associate, High School Diploma) _____

To be completed by Nominator

Name _____

Employer/Business Affiliation _____

Title _____

Mailing Address _____

E-mail _____

Telephone _____

How long have you known the Applicant? _____

Your Relationship to the Applicant _____

List 5 adjectives that describe the Applicant

By my signature, I hereby certify that I am not related to the Applicant.

Signature of Nominator _____ Date: _____

Thank you for nominating the Applicant.

Please deliver the Nomination Form to the Applicant in a sealed envelope. On the bottom left of the envelope, please write the words *Nomination Form*.