An individual must be formally nominated to be considered for this award. Completed nominations must be received no later than 5:00 p.m. on October 13, 2017. Nominations for any nominee not selected to receive award recognition or nominations received after the deadline will be held for consideration for the subsequent two years. See other side for nomination form.

Criteria for selection

- The recipient may or may not have earned an undergraduate or graduate degree from an academic department in the College of Arts and Science at the University of Missouri.
- The recipient will have performed outstanding service through sustained efforts that have added to the excellence of the college or enhanced the public community through the arts, sciences, or humanities.
- The recipient will not normally be a member of the MU faculty or staff.
- The recipient must agree to receive the award in person on February 23, 2018, at the Arts and Science Awards Banquet.

A complete nomination should include

- Completed nomination form
- A letter from the nominator
- The nominee’s current résumé/curriculum vitae
- A one-page biographical sketch of the nominee, which lists his/her most outstanding contributions as well as pertinent facts about this nominee that the selection committee should know
- Any additional supporting materials, if available—e.g., newspaper/magazine articles

SEE OTHER SIDE FOR NOMINATION FORM
2018 Distinguished Service Award Nomination
MU College of Arts and Science

Completed nominations must be received in the Arts and Science Dean’s Office no later than 5:00 p.m. on October 13, 2017. Send to:

Alumni Awards Committee, College of Arts and Science
c/o Amanda Cook
109 Lowry Hall, University of Missouri, Columbia, MO 65211 (573) 884-4482

PLEASE TYPE OR PRINT ALL OF THE FOLLOWING INFORMATION:

Nominee Name
_____________________________________________________________________________________________________________

Home Address
______________________________________________________________________________________________________________
Street                                                                                                 City                                                                         State              Zip

Office Address
______________________________________________________________________________________________________________
Company Name
______________________________________________________________________________________________________________
Street                                                                                                 City                                                                         State              Zip

Daytime Phone (_____)_____________________            Home/Cell Phone (_____)_____________________

E-mail Address
______________________________________________________________________________________________________________

Degrees:
Institution                                                 Degree & Major                                                 Year Received

Institution                                                 Degree & Major                                                 Year Received

Institution                                                 Degree & Major                                                 Year Received

Spouse’s Full Name
______________________________________________________________________________________________________________

Is spouse an MU graduate? If yes, list degree(s) and year(s):
______________________________________________________________________________________________________________

SUBMITTED BY:

Name ___________________________________________________________           Date ______________________________

Address
______________________________________________________________________________________________________________
Street                                                                                                 City                                                                         State              Zip

Daytime/Cell Phone (_____)_____________________            E-mail Address
______________________________________________________________________________________________________________