The Distinguished Alumni Award recognizes individuals who have brought distinction to themselves and the College of Arts and Science through their professional accomplishments.

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 5, 2018. Nominations for any nominee not selected to receive award recognition or nominations received after the deadline will be held for consideration for the following two years. See other side for nomination form.

Criteria for selection

- The recipient must 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 normally be a graduate of more than 10 years.
- The recipient will normally have attained professional achievement or recognition, which may or may not be in a field related to his/her academic curriculum.
- 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 22, 2019, 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
2019 Distinguished Alumni 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 5, 2018. 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 _______________________________________________________________________________________________________

MU Degrees:     Degree                              Major                                                                                                          Year Received
                Degree                              Major                                                                                                          Year Received
                Degree                              Major                                                                                                          Year Received

Degrees from other institutions:  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_________________________________________________________