Alumnus of the Year Nomination

Please complete this form by July 18, 2016
And send to Jean Ann Brakefield at jeanann@coastal.edu, fax (843) 349-2199
Or mail to:
Coastal Carolina University
Office of Alumni Relations
P.O. Box 261954
Conway, SC 29528-6054



Nominee Information

Name:		
Major:		
Address:		
City:		Zip:
E-mail address:	Daytime phon	e:
Employer:	Job title:	
Academic degrees earned (include granting	g institutions & date):	
Other positions held & relevant experience	e:	
Ways in which nominee has distinguished l	his/herself in chosen field:	
Ways in which nominee has supported CCL	J and represented CCU via his/her achi	evements:
Ways in which nominee's CCU education/d	legree has helped him/her in chosen ca	areer:
List examples of nominee's civic involveme	ent and/or displays of personal and pro	ofessional integrity:
Honors attained:		
Provide any other information which suppo	orts why the nominee is deserving of t	he indicated Alumnus Award, and
why such an award is appropriate. If relev	ant, please describe how the nominee	has overcome an unusual adversity:
Nominator Information		
Name:		
Address:		
City:	State:	_ Zip:
F-mail address:	Daytime phone:	