



2020 UNIVERSITY OF GUAM
DISTINGUISHED ALUMNI NOMINATION FORM



Nominee's Information

Mr. / Mrs. / Ms. / Other ____

Category (Check one only): ____ CLASS ____ CNAS ____ SBPA ____ SOE ____ SON&HS ____ Military

Nominee's Full Name: _____

Maiden Name (if different from full name): _____

Degree(s) Earned: _____ Year: _____

Employer: _____ Job Title: _____

Business Address: _____

Mailing Address: _____

E-Mail Address: _____

Daytime Phone: (Home Business Cell): _____

Nominator's Information

Nominated by _____
(Print Name) (Signature)

Mailing Address: _____

Daytime Phone: (Home Business Cell): _____

Email: _____

Why do you feel your nominee is deserving of this award?

Do you have any attachments No / Yes, please see attached: CV/Resume Two letters of support

This form must be submitted by **October 5, 2020, no later than 4 p.m.** through any of the following methods.

Mail to:
University of Guam
UOG Station
Mangilao, Guam 96923

Hand Delivery:
President's Office – ATTN: Norman Analista
2nd Floor, Jesus & Eugenia Leon Guerrero Building

Email: analistan@triton.uog.edu

FOR OFFICE USE ONLY

Date/Time Received: _____

Verified by Registrar: _____
(Signature) (Date)