

2019 UNIVERSITY OF GUAM DISTINGUISHED ALUMNI NOMINATION FORM

Nominee's Information



\Box Mr. / \Box Mrs. / \Box Ms. / \Box Other	-	45500
Category (Check one only): CLAS	SS CNAS SBPA SOI	E SON&HS Military
Nominee's Full Name:		·
Maiden Name (if different from full nar		
·	•	
Employer: Job Title:		
Daytime Phone: (☐ Home ☐ Busines		
	Nominator's Information	
Nominated by		
(Print Nar	ne)	(Signature)
Mailing Address:		
Daytime Phone: (☐ Home ☐ Busines	s 🗆 Cell):	
Email:		
Why do you feel your nominee is dese	_	
Do you have any attachments \square No /	☐ Yes, please see attached: ☐	CV/Resume □ Two letters of support
This form must be submitted by Octob	per 18, 2019, no later than 4p.m	1. through any of the following methods.
Mail to: University of Guam UOG Station Mangilao, Guam 96923		ce – ATTN: Norman Analista & Eugenia Leon Guerrero Building
Email: analistan@triton.uog.edu		
	FOR OFFICE USE ONLY	
Date/	Time Received:	
Verified by Registrar:		
. •	(Signature)	(Date)