



WASHINGTON STATE
UNIVERSITY

TRI-CITIES

**Distinguished Alumni Award
Nomination Form**

NOMINEE

Nominee Name _____

Nominee Street Address _____

City _____ State _____ Zip _____

Email Address _____

Phone Number _____ Alternate _____

WSUTC Class of _____ Major _____

NOMINATOR

Nominator Name _____

Nominator Street Address _____

City _____ State _____ Zip _____

Nominator Phone Number _____ Alternate _____

Nominator Email Address _____@_____

*Please submit completed form to:
Office of Advancement & Community Engagement
2710 Crimson Way
Richland, WA 99354
Deanne.pilkenton@tricity.wsu.edu*



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Please note, no nomination will be considered without this completed form.

Nominee Name _____

Nominator Name _____

1. Please share your thoughts on why this person should be considered for the WSUTC distinguished alumni award. Attachments may be submitted with this nomination form, and can include but are not limited to: a biography, resume, curriculum vitae and/or a list of awards.



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2. Please share how this nominee has served WSUTC since his/her graduation. Examples are: through the recruitment of students, serving as a mentor, distinguished service in his/her career field thus exemplifying WSUTC academic excellence:



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3. Any additional comments regarding this nominee that should be considered:

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