

Distinguished Alumni Awards Nomination Form

Name	e of Nominee:		
Spous	se/Partner Name:		
Prefe	rred Address:		
Phon	e:		Email:
Year	of Graduation/Last Year	attended CSUN:	(24 unit completion at CSUN required minimum)
Depa	rtment:	Major:	CSUN Degree:
Occup	oation or Profession:		
Curre	nt Job Title:		
Comp	pany Name:		
Comp	pany Address:		
Assist	ant's Name (if applicabl	e):	
Assist	cants Phone and email: _		
Pleas	e attach a resume/overv	view/vitae and other informa	ition about the nominee:
•	Demonstrate that the (Philanthropy, activis chosen field of endea List awards, honors, i Community interests Current or past volun Was the nominee inv	e Nominee has made a differ m, and volunteer leadership vor.)	ropy to CSUN so, please detail.
		will be helpful for the Univer i or current/retired faculty a	sity to be aware of any close relationships between the nd staff.
Name	of Naminator		

If the nominator wishes to remain anonymous, the request will be respected with minimal internal disclosure.

Phone: _____ Email: _____

Return To: Office of Alumni Relations, 18111 Nordhoff Street, Northridge, CA 91330-8385. (818) 677-2137 Or by email to: gray.mounger@csun.edu