

LINDENWOOD

ALUMNI MERIT AWARD

2016 Nomination Form

Nominee's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Years attended Lindenwood: _____

Degree Attained: YES _____ NO _____

Date: _____

Degree Area: _____

If no, was a degree granted from another institution? YES _____ NO _____

If yes: Institution: _____

Date: _____ Area of study: _____

Nominator's Name: _____

Telephone: (Home) _____ (Cell) _____

Email: _____

Co-Nominator's Name: _____

Telephone: (Home) _____ (Cell) _____

Email: _____

Return to:

Lindenwood University

Attn: Alumni Relations

209 S. Kingshighway

St. Charles, MO 63301

Phone: (636) 949-4975

Email: alumni@lindenwood.edu

