



**Distinguished Faculty Award
Nomination Form**

Please answer the following questions to the best of your ability

Name of Nominee _____

Nominee's E-mail _____

Nominee's Phone _____

Nominee's Address _____

Nominee's Title and/or Department _____

Question 1

How has the nominee demonstrated excellence in teaching

Question 2

How has the nominee made a positive impact on the lives of students

Question 3

What specific contributions has the nominee made in the area of service and/or volunteer efforts (please indicate memberships in organizations, positions held, community service, service to Missouri Western or the Alumni Association, etc.)

Question 4

What other qualities does the nominee possess that qualify him/her for this award

Name of Nominator _____

Class Year (if applicable) _____

Relationship to Nominee _____

E-mail _____

Phone _____

Please e-mail completed form to Collen Kowich, Director of Alumni Relations at ckowich@missouriwestern.edu or mail:

*Colleen Kowich
Office of Alumni Relations
Missouri Western State University
Spratt Hall Room 106
St. Joseph, MO 64506*