

MONTCLAIR STATE UNIVERSITY ALUMNI ASSOCIATION  
**GRADUATE CITATION AWARD - NOMINATION FORM**

Name of Nominee: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Nominee's campus address/phone: \_\_\_\_\_

Nominee's permanent address: \_\_\_\_\_

Nominee's permanent phone number: \_\_\_\_\_

School/College: \_\_\_\_\_ Department: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Number of completed credits as of December 2008: \_\_\_\_\_

Expected date of completion of degree program: \_\_\_\_\_

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Please include the following supporting materials:

- Statements from two MSU faculty members supporting nominee including assurance of continuing high GPA and assurance of original/unique work in the discipline
  - A brief description of the original/unique work and qualifications for the award
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Approval Signatures:

\_\_\_\_\_  
Department Chair Date

\_\_\_\_\_  
Chairperson of School/College Graduate Faculty Committee Date

\_\_\_\_\_  
School/College Dean Date

\_\_\_\_\_  
Dean, Graduate School Date

**Please submit this form and all supporting materials to the  
Office of Alumni Relations by March 23, 2009**