



MICHIGAN STATE UNIVERSITY College of Education Alumni Board
BOARD OF DIRECTORS Nomination Form

Name
(First, Middle, Last)

Mailing address
(Street Address)
.....
(City, State, Zip Code)

Personal phone **Business phone**

E-mail address

Current employer, position/title

Year(s) attended MSU **Spartan Loyal? YES NO**

Did you graduate? YES NO **If yes, what year(s)?**

Degree, major/minor

What makes you or this nominee a good candidate for board membership?

Name of person making nomination

*Please send completed nomination form **along with current resume** to:*
Michigan State University College of Education
Alumni Board, ATTN: Krysten Richards
Erickson Hall, 620 Farm Lane, Room 513
East Lansing, MI 48824

If you have any questions, please call **(517) 353-4994** or e-mail Krysten Richards: **kryrich4@msu.edu**

