

**COLLEGE OF EDUCATION ALUMNI ASSOCIATION
MICHIGAN STATE UNIVERSITY
ALUMNI ASSOCIATION BOARD OF DIRECTORS NOMINATION FORM**

Nominee: _____

Complete Mailing Address: _____

Business Telephone: _____

Home Telephone: _____

Current Position or Title: _____

Year Graduated from MSU: _____

Degree: Major/Minor: _____

Name of Person Making Nomination: _____

Send Completed Nomination Form along with Resume to:
**College of Education Alumni Association
518 Erickson Hall
East Lansing, MI 48824-1034**

If you have any questions call (517) 355-1787