Skyline College Transfer Center
Transfer Hall of Fame
Nomination form
Due by 4:00 pm Friday, March 20th, 2009

Return to Goldie Lee, Transfer Center
Transfer Center (Bldg 2, Rm 2227)
fax: (650) 738.4260
email: leeg@smccd.edu

Name of Nominee: _____

Contact Information:

Address _____
Phone (Home) _____ (Cell) _____
Email: _____

Education

Year of transfer: _____ Transfer Institution: _____
Transfer major(s) : _____
Degree's earned:
Associate _____ Bachelors _____
Masters _____ PhD _____
Other _____

Career

Current employment title/company: _____

List any known awards/acknowledgements received by nominee:

_____

In the space provided below, please discuss the traits, qualities, and accomplishments that you feel would make the nominee an ideal candidate for the Transfer Hall of Fame. (Please attach additional paper if necessary).

_____
_____
_____
_____
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_____
_____
_____
_____

Submitted by:

Faculty/ Staff Name: _____ Dept: _____
Office room: _____ tel: _____ Email: _____