



LANGARA  
COLLEGE

*Outstanding Alumni Awards Nomination Form*

Date \_\_\_\_\_

**NOMINEE**

Mr./Mrs./Ms./Dr. _____	Surname _____	Given Name(s) _____
Home Address _____		
City _____	Province _____	Postal Code _____
Telephone (_____) _____	E-mail _____	
Business Address _____		
City _____	Province _____	Postal Code _____
Telephone (_____) _____	E-mail _____	
Langara Area of Study _____		
Year of Completion (if known) _____	Credits Completed (if known) _____	
Signature of Nominee _____	Date _____	

**NOMINATOR'S DECLARATION**

Mr./Mrs./Ms./Dr. _____	Surname _____	Given Name(s) _____
Home Address _____		
City _____	Province _____	Postal Code _____
Telephone (_____) _____	E-mail _____	
Business Address _____		
City _____	Province _____	Postal Code _____
Telephone (_____) _____	E-mail _____	
Relationship to Nominee (if any) _____		
Signature of Nominator _____	Date _____	

Please complete section on reverse about the nominee.      Date Received \_\_\_\_\_

