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DELTA OMEGA
ALPHA SIGMA CHAPTER

NOMINATION FORM

(Nominations must be submitted by a Delta Omega Member)

Nominee Name: _____

Nominee Email: _____

Nominee Status: _____ Student _____ Alumnus _____ Faculty Member

Statement of Nomination: (No more than 250 words; may be attached on a separate page)

As a Delta Omega member, I hereby nominate the above listed individual.

Nominator (please print)

Date

Nominations must be received by Wednesday, April 22, 2009, at 5:00 p.m.

Nominations should be sent via fax, campus mail or email to:

Diane Wynn, Director
Student & Academic Services
School of Public Health – EAD 716
Fax: 817-735-2619
Email: dwynn@hsc.unt.edu