

Southeast Missouri State University
Athletic Hall of Fame Nomination Form



Name _____ Years of Participation _____
(or class) _____

Nominee's Current Address:

Phone and Email _____

Date of Nomination _____

(Note that this nomination will remain active for three years)

Why do you feel the individual you are nominating for the Southeast Missouri State University Athletic Hall of Fame should be selected? Please include any facts, statistics, special honors/awards or other important information which will be of assistance to the Selection Committee. (use reverse side if necessary)



Name of Person Making Nomination _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Return to: Jeff Honza, Associate Director of Athletics for Strategic Communications
Southeast Missouri State University
One University Plaza MS 0200
Cape Girardeau, MO 63701