



MCOB Alumni Fellow Nomination Form

Purpose

1. To stimulate greater activity and identity between prominent alumni and the University community, faculty, students, and administration.
2. All recipients are expected to attend the Mitchell College of Business Induction Ceremony and participate in the academic events in the College, such as speaking to classes, addressing the MCOB student body, and participating in Professional Readiness Engagement Program events. The Alumni Association will refrain from dictating a format; it is recommended, however, that the MCOB Dean will plan a full itinerary involving the award recipient in contexts to provide robust opportunities for exposure and interaction.

The Program

The MCOB Alumni Fellow Program, which began in 2017, is designed to invite Alumni Fellows, prominent and outstanding leaders in their fields, to return to the Mitchell College of Business to lend their expertise through informal contacts with students, faculty, and administrators of the College. A Fellow need not be a graduate of the Mitchell College of Business when the College wishes to sponsor an individual whose professional accomplishments have broad appeal to the faculty and students in the MCOB. The period of the Fellow's stay may vary from two or three days to a week, depending on the wishes of the college. Fellows will be asked to participate in classes, informal discussions, and public lectures. Frequently, Fellows debunk cherished myths and often they hand out practical advice on how to acquire skills and fulfill one's career objectives. Sometimes they turn students around and point them toward unconsidered goals. Unfailingly, Fellows stimulate thought, debate, and action.



MCOB Alumni Fellow Nomination Form

Please complete all the information fields below.

Candidate Information

Title (Mr., Ms., Mrs., Dr.):

First Name:

Middle Name:

Last Name:

Email Address:

Home Address

Street:

City:

Zip:

Country (if not US):

Phone:

Business Information

Job Title:

Company/Organization:

Street:

City:

Zip:

Country (if not US):

University of South Alabama Degrees

Graduation Year/Degree:

College/Major:

Education other than the University of South Alabama:

Please describe the nominee's impact and influence on his or her business/profession (250 words or fewer):

Please list nominee's memberships or directorships related to his or her business/professional interests:

Please list honors and awards related to the nominee's business/professional achievements:

Please include any additional information that would reflect on the nominee's achievements, character, or contributions to the larger community:

Nominator

Name:

Position:

Company:

Email:

Date submitted:

*Please attach two letters of support. **One letter of support MUST come from outside of the University system** and should speak to the nominee's impact and influence on his/her business/professional field. Nominations received without an external letter of support will not be accepted. Curriculum Vitae are not necessary and additional attachments will not be considered.*

E-mail completed nomination form and support letters to: mcobdean@southalabama.edu