



CREATE YOUR OWN STORY NOMINATION FORM

Please complete this form and return by **Monday, November 3** to:

Create Your Own Story Committee

Residential Life Office

5 Quad Way

Or via email to: Create.Your.Own.Story@gmail.com

Nominator's Name: _____

Nominator's Position: _____

Campus Phone/Email Address: _____

Student Name: _____

How do you know this student?

Please write 2-4 brief paragraphs on why you think the story of this student should be highlighted. *The committee is not searching for a perfectly edited document. We are seeking information that will allow us to make an informed decision. Thank you.*