College of Arts & Sciences Hall of Honor Information and Nomination Form

The College of Arts and Sciences Hall of Honor will recognize the A&S alumni, students, faculty, administrators, staff and other supporters who made the most significant and lasting contributions to the College, the University, the local community and the larger society since the establishment of the College in 1907.

Nominees for the Hall of Honor may include:

- 1. A&S alumni/ae who exemplify or exemplified the liberal arts tradition of knowledge in service to the local community or the larger society.
- 2. A&S faculty, staff, administrators or other special supporters who contributed to the establishment and later development of the College.
- 3. Faculty, staff, administrators and alumni/ae who were affiliated with Louisville Municipal College (1931-1951), the Department of Music (before 1937) or the Department of Education (before 1967) who meet the criteria stated for #1 and #2 above.
- 4. Others not included in #1, #2 or #3 above whose significant contributions can be documented.

Nomination materials will be reviewed by the Hall of Honor Committee. Nominators are welcome but not required to submit documentation in addition to the nomination form that illustrates a nominee's contributions as outlined above. The Committee will then make its recommendation to the Dean, who will make the final selection of inductees for each year. Due to the nature of the award, the nominee does not need to be alive to receive the award.

Please submit the application in one of the following ways:

US Mail
A&S Hall of Honor Committee
CVVP < J qm
Office of the Dean
College of Arts & Sciences
University of Louisville
Louisville, KY 40292

Fax 502-852-6888 ATTN J qm('J qi wg

Email j qm(() qi wgB muisville.edu

A&S Hall of Honor Nomination Form

Please feel free to add attach supporting documentation of any kind or to use additional paper or space. See nomination criteria one for more information:

NOMINEE:					
Closest of kin (if deceas	sed):				
Address:					
City:		State:	Z	ip:	
Telephone:	Email:_				
Check and fill in all th	nat apply.				
Administrator (posi	tion, years of servic	e):			
Faculty (position, y	ears of service):				
Staff (position, year	rs of service):				
Student (degree, yea	ars of attendance):_				
Contributions:					
NOMINATOR:					
Nominator Address:					
City:					
Telephone:	Email:				