

UNIVERSITY OF THE DISTRICT OF COLUMBIA ATHLETIC HALL OF FAME FORMER ATHLETE NOMINATION FORM

Instructions

- All information requested on this form must be completed including supporting letter(s) for consideration.
- All information submitted shall be retained on file by the Hall of Fame Committee.
- Please include with your recommendation a minimum of one nomination form and one letter of recommendation. In the interest of uniformity and timeliness, please limit letters to one page in length. Newspaper clippings, magazine articles and other supportive materials may be attached.

Please return nomination forms and recommendations to:

Patricia Thomas, Director of Athletics

University of the District of Columbia – Sports Complex

4200 Connecticut Avenue, NW

Washington, DC 20008

Individual Submitting Nomination

Name		
Street Address		
City	State	Zip
Email	Cell Phone	
Work Phone	Home Phone	

Athletic Hall of Fame Nominee

Name			
Street Address			
City		State	Zip
Email	Ce	ell Phone	
Work Phone	Но	me Phone	
Present Employment	Retirement Date		
Place of Birth	Но	metown	
Date of Birth	If Decease	d, Date of De	eath
Spouse or Closest Living Rela	ative		
Street Address			
City		State	Zip
Email Address			
Circle Nomination Category	Athlete	Coach	Administrator
Educational Background			
HS Attended			
College Graduation Date			
Other Degrees			_

Α.	Provide complete details (e.g., performance highlights, records, years of participation, etc.) regarding the nominee's athletic participation at the University of the District of Columbia.
В.	Provide complete details regarding the nominee's collegiate and post-collegiate honors, achievements, and recognition.
C.	Other Highlights or comments: