



**NOMINATOR INFORMATION**

Name (first then last)	Job Title	SOM Office Location	Phone Number
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**NOMINEE INFORMATION**

Name (first then last)	Job Title	SOM Office Location	Phone Number
Current Position	Supervisor's Name	Supervisor's Phone Number	SOM Years of Service

**NOMINATION AREA**

- |   |  |
|---|--|
| <input type="checkbox"/> Application Software Development   | <input type="checkbox"/> Network Server Support                        |
| <input type="checkbox"/> IT Auditing  | <input type="checkbox"/> Outstanding Support to IT Customers/End-Users |
| <input type="checkbox"/> IT Project Management  | <input type="checkbox"/> PC Support                                    |
| <input type="checkbox"/> IT Management/Supervision  | <input type="checkbox"/> Product, Service or Technology Development    |
| <input type="checkbox"/> IT Support Services (Database Management, Help Desk, Operations, Procurement, Security etc.) | <input type="checkbox"/> Promotion of Teamwork/Morale in the Workplace |
| <input type="checkbox"/> Mainframe Support  | <input type="checkbox"/> Web Site Development                          |

**In what positions and projects has the nominee been involved?**

**Please describe how the nominee was involved.**



**MISA**  
*Michigan Information Systems Association*

## Information Technology Excellence Award

Please answer the following questions in detail.  
Please do NOT inform your candidate of the nomination.

In what ways does the nominee promote positive awareness of IT?

How does the nominee exhibit a high standard of professional competence and performance?

How does the nominee promote excellence in IT?