



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

PROJECT LEAD 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

PROJECT LEAD INFORMATION		
Name (first then last)	Job Title	Email Address
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PROJECT TEAM 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



**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.

Please describe the project the team was involved in.

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



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## Information Technology Excellence Award

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

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

How does the team promote excellence in IT?