# The Missouri State University-West Plains Honorary Degree shall be bestowed to recognize and honor exceptional men and women who have given a substantial part of their lives to serving others and/or who have distinguished themselves and to establish a public association between Missouri State University-West Plains and such exceptional men and women, thereby providing testimony to the values and quality of two-year institutions.

# Nominations for the conferral of an honorary degree are due on March 14, 2025. The honorary degree will be awarded at the commencement held in spring 2025. Completed nomination forms may be delivered to the Chancellor’s Office in Kellett Hall, second floor, or sent by email to [wpchancellor@missouristate.edu](mailto:wpchancellor@missouristate.edu). For more information, call 417-255-7900.

|  |  |  |  |
| --- | --- | --- | --- |
| Nominee’s Full Name | |  | |
| Address |  | | |
| Telephone |  | | |
| Email |  | | |
| Occupation/Organization | | |  |
| Spouse |  | | |
| Children |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| I. | Career History | | |
|  | A. | | Outline the career of the nominee, including professional experiences and scope of responsibilities |
|  |  | |  |
|  | B. | | List contributions to profession (publications, programs, research, etc.) |
|  |  | |  |
|  | C. | | List honors, awards, testimonials, etc., which support the nominee’s special contributions in his/her field |
|  |  | |  |
| II. | Community | | |
|  | A. | | Outline community activities and any positions held in organization of involvement |
|  |  | |  |
|  | B. | | Mention noteworthy contributions to community |
|  |  | |  |
|  | C. | | List honors, awards, testimonials, etc., which support the nominee’s special contributions to the community |
|  |  | |  |
| III. | Educational history and degrees earned | | |
|  |  |  | |
| IV. | Summarize the reasons you believe the nominee should receive an honorary degree | | |
|  |  |  | |

Nominator Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
| Telephone |  | | |
| Email |  | | |
| I hereby attest the information contained in the nomination form is correct according to my best knowledge and belief. | | | |
| Signature |  | Date |  |