



HONORARY APPLIED DEGREE NOMINATION

Our region thrives thanks to the contributions of many people who share their knowledge, passion, and energy. Each year, Medicine Hat College recognizes these contributions by presenting an honorary degree at our convocation ceremony.

- Any member of the community may submit a nomination.
 - The quality of the information you provide truly supports the success of the nomination. One or more letters of support from others are appreciated.
 - We will ask the nominee's permission to proceed if they are selected for the award.
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ABOUT THE NOMINEE

Name

Address
STREET / CITY / PROVINCE

Postal code

Phone Email

REASON FOR THE NOMINATION

Please provide a letter or statement that explains why the nominee has earned this recognition. You may wish to provide details about education, work or public service accomplishments, other recognition earned, and distinguished service.

LETTERS OF SUPPORT

Please provide at least two letters of support from others with their contact information should we need to speak with them.

Name	<input type="text"/>	Email	<input type="text"/>	Phone	<input type="text"/>
Name	<input type="text"/>	Email	<input type="text"/>	Phone	<input type="text"/>
Name	<input type="text"/>	Email	<input type="text"/>	Phone	<input type="text"/>

YOUR INFORMATION

Name

Address

STREET / CITY / PROVINCE

Postal code

Phone

Email

NOMINATION CHECKLIST

The quality of information you provide is very important. Please be sure you have included:

- ☐ A letter or statement describing your reason for the nomination.
- ☐ Biographical information about the nominee including name, contact information, education, work experience, and volunteer experience.

Privacy Notice

The personal information collected on this form is collected under the authority of the Alberta Protection of Privacy Act and is necessary for the administration of the honorary degree nomination process at Medicine Hat College. This information will be used solely to evaluate nominees and communicate with nominators regarding the process.

Your information will be:

- Used only for the stated purpose and shared only with members of the Honorary Degree Selection Committee and authorized administrative staff.
- Stored securely and retained only as long as necessary for the completion of the nomination and award process, after which it will be disposed of in accordance with the College's records retention policy.

If you have questions about the collection, use, or disclosure of this information, please contact: [Title, e.g., Executive Director, Advancement & Community Relations] [College Name] [Phone Number] | [Email Address]

Consent Statement

By submitting this nomination, I confirm that:

- I have obtained the nominee's consent to share their personal information for the purpose of this honorary degree nomination, OR I am providing information that is publicly available and relevant to the nomination.
- I understand that the personal information collected will be used solely for evaluating honorary degree nominations and will be handled in accordance with the Alberta Protection of Privacy Act and the College's privacy policies.
- I agree that the College may contact me regarding this nomination and acknowledge that the nominee will only be contacted if selected for further consideration.

☐ I agree to the above terms.

Please submit your nomination no later than January 31, 2026. Nominations and inquiries may be submitted in confidence to:

Paula Forsythe, Executive Assistant, Academic
Medicine Hat College
299 College Drive SE
Medicine Hat, AB T1A 3Y6
or email pforsythe@mhc.ab.ca