Nomination Form for Cougar Connector Applicant:

Name of Name of Job Title	of Nomin	ator:			
Relation	nship to	Applican	t:		
To the I	pest of y	our know			the following skills of the applicant on a scale st) to 5 (strongest):
Leaders	ship:	□ 2	□ 3	□ 4	□ 5
Friendli	ness:	□ 2	□ 3	□ 4	□ 5
Public S	Speaking □ 1	g: □ 2	□ 3	□ 4	□ 5
Work-E □ 0	thic: □ 1	□ 2	□ 3	□ 4	□ 5
Reliability: □ 0 □ 1 □ 2 □ 3 □ 4			□ 3	□ 4	□ 5
ASG, pro share the believe t	grams, stu eir own ex he applica	udent servi speriences ant you are	ces, etc.), and stories nominatir	represent t s to new an	alf of the college in multiple areas of campus life (clubs, the college in a respectful manner, and be willing to and prospective students. Please tell us how you a great fit for this selective leadership program, and one space):

Please complete this form and return to the applicant. For questions, please call 503-594-3284 or email outreach@clackamas.edu