MACJC ACADEMIC TEAM OF THE YEAR
NOMINATION FORM

SPORT_____

COLLEGE_____ DATE _____

OF ATHLETES ON TEAM_____ CUMULATIVE GPA FOR TEAM_____Based on 4.0

Name	Hours Attempted	Quality Points Earned

* Please use the back of this form or attach sheet if more room is needed to calculate gpa:

Athletic Director Signature _____

Registrar signature _____

(Must have college seal)

Deadline June 15th