Montana State University Billings Police Department

Award Nomination Form

This form is to be used in association with policy 108.2

This section is to be completed by the person making the nomination

Related Agency and Case Number	Incident Date/T	ime	Submission Date/Time
Nominee	Submitte	d bv	
Last, First, MI		Last Name, First Name, MI	
		ot 11ao,	
University Employment Status: Employ ☐ SWORN ☐ NON-SWORN ☐ YES			
Brief Details of Incident			
Award Recommended			
	of Valor	☐ Offic	er' s Medal
	guished Service Medal		torious Service Medal
	cate of Achievement	_	er of Commendation
	cate of Atomovernom		
Awards Committee Findings			
This section is to be completed by the Awards Committee Chairperson			
☐ Approved	☐ Denied	□Re	duced
Medal of Honor Medal of			r' s Medal
	or valor		
Purple Heart Distingu	ished Service Medal	☐ Merito	orious Service Medal
•	uished Service Medal		orious Service Medal of Commendation
•	uished Service Medal ate of Achievement		orious Service Medal of Commendation
☐ Official Commendation ☐ Certification			
•	ate of Achievement		of Commendation
☐ Official Commendation ☐ Certification	ate of Achievement		of Commendation
Official Commendation Certifica Awards Committee Chairperson's Name:	ate of Achievement		of Commendation
Official Commendation Certifica Awards Committee Chairperson's Name:	ate of Achievement		of Commendation
Official Commendation Certifica Awards Committee Chairperson's Name:	ate of Achievement		of Commendation
Official Commendation Certifica Awards Committee Chairperson's Name:	Signature:		of Commendation
Official Commendation Certification Awards Committee Chairperson's Name: Comments	Signature: Final Review	Letter	Date:
Official Commendation Certification Awards Committee Chairperson's Name: Comments This section is to	Signature:	Letter	Date:
Official Commendation Certification Awards Committee Chairperson's Name: Comments	Signature: Final Review	Letter	Date:
Official Commendation Certification Awards Committee Chairperson's Name: Comments This section is to	Signature: Final Review	Letter	Date:
Official Commendation Certification Awards Committee Chairperson's Name: Comments This section is to	Signature: Final Review	Letter	Date:
Official Commendation Certification Awards Committee Chairperson's Name: Comments This section is to	Signature: Final Review	Letter	Date:
Awards Committee Chairperson's Name: Comments This section is to	Signature: Final Review	Letter	Date:

UPD Form 108.2.1 Revised: 10/01/2013