

**GRAHAM HOSPITAL SCHOOL OF NURSING**

**STUDENT OF THE MONTH NOMINATION FORM**

**Who may be nominated:** Any student from any level who meets the criteria listed below.

CRITERIA FOR ELIGIBILITY

1. All three levels of students are included.
2. The following will be taken into consideration: loyalty to the school, consideration for others, community involvement, and involvement in school activities.
3. The nominated student must also possess the following qualities: honesty, good personal appearance in class and clinical, good attendance in theory and clinical, and be in good academic standing.

Name of Student being nominated \_\_\_\_\_

Level: \_\_\_\_\_

State the reason or reasons you feel this student deserves this award:

Loyalty to School \_\_\_\_\_  
\_\_\_\_\_

Involved in School Activities \_\_\_\_\_  
\_\_\_\_\_

Consideration for Others \_\_\_\_\_  
\_\_\_\_\_

Community Involvement \_\_\_\_\_  
\_\_\_\_\_

Additional comments to be considered \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please deposit this form in the designated box located in the School of Nursing Office or classrooms. Student Commendation meetings will be held once each month for selection purposes. Thank you.

Dev. 12/13/82  
Revised 9/2/86, 7/17/95, 7/98, 2/15/07  
Reviewed 7/29/99, 8/1/00, 7/20/01