

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.

Student being nominated for Student of the Month: _____

Level: _____

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

CRITERIA FOR ELIGIBILITY

The following criteria will be taken into consideration when choosing the Student of the Month. Please provide statements of proof how/why you feel this student meets/ exceeds the criteria for eligibility for this award. All class and clinical absences will be verified by the Coordinator of Admissions, Recruitment and Financial Aid.

ALL SECTIONS BELOW MUST BE FILLED OUT COMPLETELY. PARTIALLY FILLED OUT FORMS WILL BE REJECTED FROM CONSIDERATION.

Honesty _____

Loyalty to the school _____

Personal appearance _____

Respect and consideration for others _____

School involvement (list committees, officer, activities) _____

Community involvement (list member, activity) _____

Class absences are not excessive and clinical absences are within guidelines _____

Adheres to GHSON and classroom Civility Policies _____

Follows the ANA Code for Nurses _____

Dev. 12/13/82

Revised 9/2/86, 7/17/95, 7/98, 1/18/07, 2/28/14

Reviewed: 7/29/99, 8/1/00, 7/20/01