

## SOUTH CAROLINA LEAGUE for NURSING Graduate Faculty Nomination Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program Enrolled: \_\_\_\_\_ GPA: \_\_\_\_\_

Year in Program: \_\_\_\_\_ Projected Graduation: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Student Address: \_\_\_\_\_

Professional Organization(s): \_\_\_\_\_

Person completing form: \_\_\_\_\_

E-mail of person completing: \_\_\_\_\_

Address of person completing: \_\_\_\_\_

School Affiliation: \_\_\_\_\_

(Please attach letter of recommendation – thank you! Ruth and Eileen)

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**Important dates:**

October 1, 2016 – Nomination deadline

October 15, 2016 – Nominees notified

November 4, 2016 – Annual SCLN Awards Banquet