



SAM International Office:
Society for Advancement of Management
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NOMINATION REGIONAL AWARD

SAM Outstanding Student

College/University _____ Campus Chapter _____

Name: (As it would appear on award)	GPA (4.0 Scale)	YRS. Membership (AY or Sem./Term-Yr.)
1) _____	_____	_____

Date of Graduation: _____

2) _____	_____	_____
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Date of Graduation: _____

3) _____	_____	_____
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Date of Graduation: _____

Faculty Advisor: _____ Phone: _____ Day

College Name: _____ Evening

Advisor's Address: _____ Fax: _____

Advisor's Signature: _____

Nominees have been ranked by Advisor: _____ Yes _____ No

Please provide the following information for notification:

Name & Mailing address: _____

College / University Chancellor / President: _____

College / Division Dean: _____

Public Relations / News Release Official: _____