2006 Freshman/Sophomore Student Recognition Award
Nomination Form
(Due Friday, March 10, 2006)

Nominator's Information (You)

First Name                      Last Name

Title/Position                  Department

Campus Address                  Phone Number

E-mail Address                  Relation to Nominee (professor, supervisor)

Nominees General Information (Student)

First Name                      Last Name

Local Address                   City   State   Zip

Phone Number                    Major

700-

Student ID Number               E-mail Address

Please also complete the attached Evaluation Form.
Thank you for your participation.

For Office Use Only

1. Nomination Received (date) ____________________
2. Application Sent (date) _______________________
3. Application Received (date) ___________________
4. Application Reviewed (date) ___________________
5. Application Status __________________________
Dear Administrator or Faculty Member:
Your evaluation of the above applicant is requested for use in selecting Hofstra University’s Freshman/Sophomore Student Recognition Award recipients. In your evaluation of the above applicant, please consider the following qualifications: academic achievement, professionalism in his/her relationships with faculty and other peers, involvement with campus activities and any other outstanding qualification which you would like to address.

Please circle below concerning your recommendation:

Do not recommend 1 2 3 4 5   Highly recommend

Comment on applicant’s qualifications: ______________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Strengths: _______________________________________________________________________________
_________________________________________________________________________________________

Weaknesses: _______________________________________________________________________________
_________________________________________________________________________________________

Citation (no more than 40 words) stating why the nominee should be selected: __________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Printed Name __________________________ Signature __________________ Date ____________

Please submit this form by Friday, March 10, 2006. Fax to (516) 463-4321 or mail to:
Freshman/Sophomore Student Recognition Award
Center for New Student Support Services
c/o Heather Bray
242 Student Center
200 Hofstra University
Hempstead, NY 11549