CCG REPRESENTATIVE OF THE MONTH NOMINATION FORM

Only IRSC STUDENTS currently enrolled are eligible to complete this form.

Name of Nominee: ____________________________________________________________
(One person per card)

Organization: ________________________________________________________________

Date of Nomination: ____ / ____ / ______

Please use the back of this form to explain why this representative should receive the award.

diamond Why should this CCG representative be recognized?
diamond What occurred to make you notice this student’s achievement?
diamond How has this representative improved his/her organization or CCG?
diamond How has this affected you or IRSC?

All sections of this form must be completed in order to be valid.

Form must be returned to the Student Affairs Department (KSU-112)