



AWARD RECOMMENDATION FORM

The award recommendation form constitutes a recommendation only. Award winners will receive an official Notice of Award from the Student Services & Financial Support office and the student should not be advised of the recommendation from the department.

Nominator

Name: Phone:

Email:

Department/School/Faculty:

Date:

Student Information

Name: Student Number:

Degree Program: Year:

Award Information

Award Number: Award Amount: Award Session:

Award Name:

Medal (if the award description includes a medal please check box) JV Number (if required):

Rationale (if student does not meet Senate Regulations and/or award criteria)

Are there extenuating circumstances that prevent(ed) the student from meeting [Senate Regulations Governing University Awards](#) or full award criteria during the previous or current session? (e.g., medical condition, varsity athlete, personal issues, etc.) A letter from a doctor, counsellor or the Athletics department is also required.

Approval

Approved by (Awards Committee Designate/Dean): Phone:

FOR STUDENT SERVICES & FINANCIAL SUPPORT USE ONLY

Assigned:	Approved:	Comments:
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