



SAM International Office:
Society for Advancement of Management
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Nomination Regional Award SAM Outstanding Student

NAME: (As it would appear on the award)	GPA (4.0 Scale)	Yrs. Membership (AY or Sem./Term-Yr.)
1) _____ Date of Graduation: _____		
2) _____ Date of Graduation: _____		
3) _____ 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 and Mailing address: _____

College / University Chancellor / President: _____

College / Division Dean: _____

Public Relations / News Release Official: _____

***Note: Physical address is necessary to insure delivery (No P.O. Box)**

