

**School of Nursing
University of Alabama at Birmingham
Doctoral Program**

**Self Report of Scholarly and Professional Awards and Activities
Academic Year Fall 200__ through Summer 200__**

Student's Name

Student's ID Number

Current Mailing Address

Telephone

E-mail Address

You are being asked to complete this form once each year to assist faculty in identifying students eligible for scholarships and other awards in the School of Nursing and on campus and for program evaluation purposes. Briefly report all awards received and activities engaged in this academic year. Please retain a copy for yourself to assist you in preparing your resume or curriculum vitae. ***Return the completed form to Room 301 or send by e-mail attachment to Dr. Dashiff at dashiffc@son.uab.edu.***

Special Academic Honors and Honor Society Memberships:

School of Nursing or Campus Leadership Activities (Graduate Student Association, etc.):

(Over)

