



Suffolk UNIVERSITY

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2006-07 RECOGNITION DAY AWARD FORM

NOTE: Please use this for EACH award sponsored by your department, please feel free to duplicate as needed.

Department: _____

Contact Person: _____

Phone Number: () _____ E-Mail: _____

Name/Type of Award: _____

Was this award presented at last year's celebration? [] Yes [] No

If NO, please include a description of award and selection criteria to be used in script with this form by Friday, March 9, 2007 to your college liaison.

If YES, no description is needed unless award criteria or description has changed.

Name of Award Recipient(s) AND Student ID No. (*please print or type legibly, use reverse side for additional names*):

Name	Student ID.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Will a department representative be available to present the award? [] Yes [] No

If so, Who? _____

Please make additional copies of this form for each award and/or award recipient as needed!

EXTREMELY IMPORTANT - this form is due to your college liaison by Fri., Mar. 9, 2007	
Sawyer School of Management	College of Arts and Sciences
Ms. Ellie Fuentes	Ms. Rachael Galushkin
(617) 994-4272	(617) 573-8265
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