



College of Nursing  
 VILLANOVA  
 UNIVERSITY

**College of Nursing Medallion**  
*In recognition of distinguished alumni achievement*

**Nomination Form**

Please select one:

Contributions to the Profession  
 Leadership in Nursing Practice  
 Clinical Excellence in Nursing  
 Excellence in Nursing Education

Excellence in Nursing Research  
 Service to the College and/or Community  
 Special Recognition

**I nominate:**    **Name:** \_\_\_\_\_ **Class Yr.** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Reason for Nomination:**

---



---



---



---



---



---



---



---



---

**Nominated By → Name:** \_\_\_\_\_

**Class Year:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**A current resume or curriculum vitae MUST be attached.**

All nominations must be received by **November 1** to be considered for the following April's ceremony.

**Mail completed nomination packet to:**  
Office of the Dean  
College of Nursing, Villanova University  
800 Lancaster Avenue  
Villanova, PA 19085