**Canadian College of Health LEADERS**

**Eastern Ontario Chapter**

[**Award of Excellence**](http://www.cchse.org/EasternOntario.asp?active_page_id=3788)

**NOMINATION FORM**

|  |  |
| --- | --- |
| **Name of student** |  |
| Program/University |  |
| Address |  |
| Telephone number |  |
| Email address |  |

## Project Submission Information

|  |  |
| --- | --- |
| Title |  |
| Date Project Initiated |  |
| Date Completed |  |
| Project Completed for  (*state course if applicable*) |  |
| Project Supervisor/Faculty  (*state if applicable*) |  |

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##### Date Signature

***Nominations must be received by* April 30th, 2021.**

***Submissions should be made to cchleoc@gmail.com***