

**AIHP STUDENT CERTIFICATE OF RECOGNITION  
NOMINATION FORM**

Name of student recipient printed as it will appear on the certificate:

\_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Brief description or explanation of the historical achievement or activity for which you are authorizing the student's Certificate of Recognition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will there be a formal presentation of the certificate? \_\_\_\_\_ When? \_\_\_\_\_

Authorizing faculty member's name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Certificate will be sent to the authorizing faculty member unless otherwise requested.)

Authorizing faculty member's email address: \_\_\_\_\_

Please return completed nomination from to: AIHP  
777 Highland Avenue  
Madison, WI 53705-2222

Forms may also be emailed to: awards@aihp.org

\_\_\_\_\_  
Signature of authorizing faculty member

\_\_\_\_\_  
Date