

Statement of Support
USQ INTERNATIONAL PARTNER PRIZES

(Please PRINT capital letters)

Nominee's Name: _____

Nominee's Student ID Number: _____

Partner's Name: _____

Contact person: _____ Email Address: _____

Telephone: _____ Mobile: _____

The information below is offered in support of this student's nomination for a USQ International Partner Prize:

USQ program studied by nominee: _____ Current GPA attained by nominee: _____

Has the nominee completed AT LEAST six (6) courses of study: Yes No

Has the nominee previously been nominated for this award? Yes No

Has the nominee previously received this award? Yes No

Please describe any outstanding personal qualities of the nominee (e.g. community service activities, overcoming adversity, etc):

Please include any additional comments supporting this nomination:

Signature: _____ Date: _____

OFFICE USE ONLY

Approve for selection process Signature _____ Dated ____/____/____