

Association of Surgical Technologists National Honor Society Nomination Form

Date: _____

Program Director's Name: _____

Surgical Technology Program: _____

Address: _____

City, State, ZIP: _____

Telephone: _____ E-mail: _____

The student must be a member of AST prior to submitting this nomination form.

Student AST Member Number: _____

Student's Name: _____

Anticipated Graduation Date: _____

Percentage student has completed of the program: _____

GPA: _____ Attendance Rate: _____

Has the student had any disciplinary action taken against him/her? _____

*If Yes, attach an explanation.

In 50 words or less, explain why this student deserves to be distinguished as an AST Honor Society member.

I understand the requirements for Honor Society membership. I certify that all information contained on this nomination form is accurate and true. Falsification of any information will forfeit this nomination and affect my privilege for future nominations.

Signature