



Communicative
Disorders Assistant
Association of Canada

“Bridging Communication Gaps” Student Award
STUDENT NOMINATION FORM

Nominee’s Name: _____

Permanent Address: _____

Phone: _____ Email: _____

Class of (year): _____ College: _____

Field Placement # 1: _____

Field Placement # 2: _____

Nominee’s Name: _____

Permanent Address: _____

Phone: _____ Email: _____

Relationship to Nominee: _____

I, _____ (nominator), hereby nominate _____
(nominee) for the Bridging Communication Gaps Student Award. I have completed the nomination form,
as well as submitted a Letter of Nomination and a copy of the nominee’s resume.

Signature: _____ Date: _____

I, _____ (nominee), hereby accept my nomination for the “Bridging
Communication Gaps” Student Award. I confirm that I am currently enrolled in a CDAAC recognized
program and that I have above –average standing in all my classes in this program.

Signature: _____ Date: _____

Please submit all nomination packages to:

exec@cdaac.ca

re: “Bridging Communication Gaps” Student Awards