



AWARD NOMINATION FORM

Alumni, faculty, staff, students and friends of the School of Dental Medicine are invited to submit nominations for these awards which are presented each fall during Homecoming and Reunion.

Only the information you provide will be reviewed and considered for your candidate. The Alumni Office is not responsible for requesting CVs or additional information for your nominee.

AWARD YOU ARE NOMINATING CANDIDATE FOR:
(Only select one)

- Distinguished Alumnus of the Year Award
- Outstanding New Dentist Award
- Alumni Board Special Recognition Award

Nominee Graduating Year (if applicable)

Street Address

City State Zip code

Home/Cell Phone E-mail Address

Nominated By Graduating Year (if applicable)

Street Address

City State Zip code

Home/Cell Phone E-mail Address

Please submit the following documents by **the second Friday in April.**

1. Nomination Letter outlining achievements and why the candidate should be honored
2. Curriculum Vita of Nominee if appropriate
3. This completed Nomination Form noting proposed award

Return the completed form to:
Case Western Reserve University
School of Dental Medicine
Alumni Association Board of Directors
10900 Euclid Avenue ~ Cleveland, OH 44106-7342
E-mail: dentalalumni@case.edu