



## 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

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Nominee

Graduation Year (if applicable)

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Street Address

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City

State

Zip code

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Home/Cell Phone

E-mail Address

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Nominated By

Graduation Year (if applicable)

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Street Address

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City

State

Zip code

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Home/Cell Phone

E-mail Address

Please submit the following documents by **April 1**.

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**