



CASE WESTERN RESERVE UNIVERSITY School of Dental Medicine

2024 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.

Please select which award you are nominating this person for. Please select only one.

☐ **Distinguished Alumnus of the Year**

☐ **Outstanding New Dentist**

☐ **Special Recognition**

Nominee	Graduating Year (if applicable)
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Street Address

City	State	Zip Code
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Cell Phone	E-mail Address
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Nominated By	Graduating Year (if applicable)
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Street Address

City	State	Zip Code
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Cell Phone	E-mail Address
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Please submit the following documents by April 1, 2024.

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

Case Western Reserve University School of Dental Medicine
Alumni Association Board of Directors
10900 Euclid Avenue
Cleveland, OH 44106-4905
E-mail: dentalalumni@case.edu