



CASE WESTERN RESERVE UNIVERSITY School of Dental Medicine

2025 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)

Street Address

City

State

Zip Code

Cell Phone

E-mail Address

Nominated By

Graduating Year (if applicable)

Street Address

City

State

Zip Code

Cell Phone

E-mail Address

Please submit the following documents by April 1, 2025.

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

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