

**Distinguished Alumnus/a Award Nomination Form**  
**« Call for Nominations »**

I wish to nominate (please print): \_\_\_\_\_

in class year: \_\_\_\_\_ as a (please check one):

Distinguished **medical** alumnus/a       Distinguished **biomedical** alumnus/a

**Comments and Alumni CV\*:**

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Your Name\* \_\_\_\_\_ E-mail\* \_\_\_\_\_

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Address \_\_\_\_\_

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Department\* \_\_\_\_\_ Degree Year\* \_\_\_\_\_

*\*Required*



**Please mail or e-mail this form to:**  
Jennifer Britton  
UB School of Medicine and  
Biomedical Sciences  
901 Kimball Tower  
Buffalo, NY 14214-8028  
**e-mail:** [jlobaugh@buffalo.edu](mailto:jlobaugh@buffalo.edu)