



Medical Alumni Association
Call for Nominations Form

Please return with nomination.

Award Category (please check one):

Distinguished Alumnus Award

Distinguished Young Alumnus Award

Commonwealth Award

Honorary Alumnus Award

Nominee Information

Name:

Address:

City, State and Zip:

Email Address:

Phone:

College of Medicine Graduation Year:

Residency Graduation Year:

Nominator Information

Name:

Address:

City, State and Zip:

Email Address:

Phone:

I am (please check one):

UK College of Medicine alumnus/alumna

UK College of Medicine faculty

UK College of Medicine staff

Professional colleague