



Alumnus of Distinction Nomination Form

Nominator Information

First & Last Name: _____

Email Address: _____

Phone: _____

Nominee Information

Name of Nominee: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Year of graduation from U of M: _____

Degree: _____

Professional Accomplishments (teaching appointments; positions held in organized dentistry; clinics and lectures; research papers; significant contributions to the profession etc.):

Additional Comments:

Non-dental Community Service (service on community boards and clubs, volunteer work, demonstrated contribution to arts, sports or religious groups etc.):

Additional Comments:

What are some of the personal qualities of the nominee that make them inspirational or role models for other alumni and current students?

Additional Comments:
