

Marquette University School of Dentistry Alumni Award Nomination form

I am nominating this individual/organization for the following award (descriptions on instruction page):

- | | |
|---|--|
| <input type="checkbox"/> Distinguished Alumnus in Dentistry | <input type="checkbox"/> Outstanding Dental Service Award |
| <input type="checkbox"/> Young Alumnus of the Year Award | <input type="checkbox"/> Friend of the School of Dentistry |

Nominee Name: Last _____ First _____ Middle Initial _____

Nominee Address: _____

Nominee Telephone: _____

Nominee Email: _____

Nominee Year of MU graduation: _____

Summary of Key Leadership (include organized dentistry, community, research, academics, military, etc.)	Dates	Specific Positions Held (Chair, President, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Summary of Key Accomplishments (include important publications, presentations, awards, honors, research, civic/volunteer accomplishments, etc.)	Dates
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Statement of support: Please use this section to summarize the nominee's qualifications for the award and the reason you are submitting the nomination.

Your Name: Last _____ First _____ Middle Initial _____

Address _____

Telephone _____

Email _____

Signature _____ Date _____

Marquette University School of Dentistry

Alumni Award Nomination instructions

- Please do NOT reveal to the nominee that he/she is being nominated for this award. Not everyone nominated wins an award and we do not want to put anyone in an awkward situation.
- Fill in as much of the form as you can – the more information you have, the more the committee has to review and use to make a decision.
- Explain in your statement why you are nominating the person. The Committee will be reviewing all nominations that come in and you want to make the strongest possible case for your nominee.
- Nominees cannot be full-time employees of Marquette University.
- Nominations are accepted year-round. Applications received by May will be considered for the following year.
- Nominations will be kept on file for three years.

Please return the nomination forms to:

Carol Trecek
Marquette University School of Dentistry
PO Box 1881
Milwaukee WI 53201-1881
carol.trecek@marquette.edu

Criteria for awards:

Distinguished Alumnus in Dentistry: This award honors an individual for outstanding contributions to dentistry – through practice, research, education, administration or public service.

Outstanding Dental Service: This award recognizes outstanding service to the community.

Young Alumnus of the Year: this award honors an alumnus/a under the age of 40 who has demonstrated significant professional achievement, personal responsibility, technical excellence and/or service to the University or community.

Friend of the Dental School: This award recognizes a non-alumnus/a who displays distinguished leadership and/or service to the Marquette University School of Dentistry. (This award is not given out annually but rather when appropriate recipients are nominated and approved.)