Medical University of South Carolina
Outstanding Alumnus Award

NOMINATION FORM

(Please print clearly or type and provide as much information as possible. Nominees will be contacted directly and asked to submit resume and other supporting documentation. Awards are presented during college events. Nominations received after the closing date for a particular year will be considered for the following year's award.)

Nominee's Name:_____
(First name) (Middle /Initial) (Last name)
Address:_____
_____

Day-Time Phone:_____**Evening Phone:**_____

MUSC College(s) Attended, Area(s) of Study, and Class Year(s), If Known:

_____

Area(s) in Which You Feel the Nominated Alumnus Merits Special Consideration (Check All That Apply):

_____ **Leadership**
_____ **Professional Growth**
_____ **Other**
_____ **Educational Advancement**
_____ **Community Involvement**

Please Provide a Brief Statement on Why You Have Nominated This Individual for the Alumni Association's Outstanding Alumnus Award:

_____
_____
_____
_____
_____

Nomination Submitted By:_____

Your Address:

_____

Your Day-Time Phone:_____ **Relationship to Nominee:**_____

_____
(Signature) **(Date)**

Please submit completed form to: Elizabeth P. Waters, Executive Director, MUSC Office of Alumni Affairs, 268 Calhoun Street, P.O. Box 250182, Charleston, SC 29425, FAX (843) 792-7787, phone (843) 792-7979