MUSC DENTAL MEDICINE ALUMNI ASSOCIATION

AWARD NOMINATION FORM 2015

Active members (dues-paying, life, or complimentary members) of the MUSC Dental Alumni Association may use this form to nominate a degree or residency alumnus of the College of Dental Medicine or other individual who has made significant contributions to the profession of dentistry, their community, and/or the College for recognition through one of the Association’s awards. Please print clearly and provide as much of the requested information as possible. Nominations should be forwarded to the address indicated below by the October 15th deadline for the 2015 award presentations.

Nominee’s Name: ____________________________________________________________

Address: __________________________________________________________________

College(s) attended, area(s) of practice, and class year(s); degree(s) earned and awarding institution(s), if known:

________________________________________________________________________

________________________________________________________________________

I wish to nominate this person for the following award (Please see attached criteria and check category):

_______ Alumni Award of Honor

_______ Distinguished Alumni Service Award

_______ Honorary Alumnus Award

Area(s) in which you believe 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 a Dental Medicine Alumni Association’s Award and **enclose a curriculum vitae:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
Nomination Submitted By: _____________________________________________________________

Your Address: ______________________________________________________________________

Your Day-Time Phone: ______________________ Relationship to Nominee: _________________

__________________________________________________________________________________

(Signature) (Date)

Please submit completed form to:
Dental Alumni Awards Committee, MUSC Office of Alumni Affairs,
261 Calhoun Street, MSC 182, Charleston, SC 29425
FAX (843) 792-7787, phone (843) 792-7979

*(Nominations received after the closing date of October 15, 2014 will be considered for 2016 year’s award. Those received with incomplete information cannot be considered.)*
ALUMNI AWARD OF HONOR

The Alumni Award of Honor is the highest honor bestowed by the College of Dental Medicine Alumni Association. This award is presented to a degree or residency alumnus of the College of Dental Medicine in recognition of outstanding service and contributions to the alumni association, the college, their community, or the profession of dentistry. The dental community holds the recipient in the highest esteem.

Criteria:

The Alumni Award of Honor is presented to an alumni member for outstanding, unique, and enduring service to the alumni association, the college, their community, or the profession of dentistry in more than one area over a period of not less than 10 years. Previous recipients are not eligible.

DISTINGUISHED ALUMNI SERVICE AWARD

This award is presented to a degree or residency alumnus of the College of Dental Medicine who has given selflessly through extraordinary actions that benefit the college, their community, or the profession of dentistry during the past year.

Criteria:

These actions should reflect a member's contribution in terms of time and/or expertise. They should be ongoing and reflect a commitment to service for a period of not less than 2 years. The actions should serve to benefit a deserving population and as an inspiration to others. Previous recipients are not eligible.

HONORARY ALUMNUS AWARD

The Honorary Alumnus Award is presented to an individual who has made outstanding contributions to the college or the profession of dentistry but is not an alumnus of the college. Honorary alumni members shall enjoy any rights and privileges of the Alumni Association.

Criteria:

Honorary members shall be chosen from those individuals who are not degree or residency alumni of the College of Dental Medicine but have made outstanding and enduring contributions to the college or the profession of dentistry.