



Henry M. Goldman School of Dental Medicine

Alumni Award Nomination Information and Form

Eligibility: Boston University Henry M. Goldman School of Dental Medicine Alumni Award

In order to be nominated for this award, an individual:

- Should be a graduate of the Boston University Henry M. Goldman School of Dental Medicine.
- Should serve as an ethical and professional role model dentist.
- May not be a sitting member of the Boston University Henry M. Goldman School of Dental Medicine Alumni Board.

Nomination Process

All Boston University Henry M. Goldman School of Dental Medicine Alumni are invited to nominate an individual whom they believe to be the most deserving recipient of the Alumni Award.

Completed nomination forms, along with a copy of the nominee's curriculum vitae (CV), must be received by Ms. Stacey McNamee Director of Alumni Relations by August 15.

Selection Process

The entire Boston University Henry M. Goldman School of Dental Medicine Alumni Board will act as the Screening Committee for all nominees. Ms. McNamee will forward copies of each nomination form to every member of the Screening Committee as soon as possible after the nomination deadline.

Each committee member will independently evaluate the nominations and select the individual that he or she feels to be the most deserving.

Typically, only one Alumnus is granted annually. However, if the caliber of nominees is particularly outstanding, two awards may be granted.

In the event that the nominees do not meet the above criteria, the Alumni Committee may not recommend an award.

Recipient Obligations

Recipient must be present at alumni reception during alumni weekend to accept the award.



Henry M. Goldman School of Dental Medicine

Please type all responses. Attach additional sheets as necessary.

Nominator name:

Contact address:

Telephone: _____ Email: _____

I/we feel that the following individual is deserving of consideration for the high distinction of the Boston University Henry M. Goldman School of Dental Medicine Award.

Nominee name:

The above individual is being nominated to receive Boston University Henry M. Goldman School of Dental Medicine Alumni Award on *(INCLUDE DATE)*

Nominator signature: _____ Date: _____

When answering the questions below, please be brief and to the point.

Do not forget to include a copy of the nominee's CV with the application.

1. Describe the nominee's contributions to the profession.
2. Describe the nominee's activities that exemplify his or her commitment to the profession of dentistry.
3. Describe how the nominee has served as an ethical and professional role model.
4. Provide any additional reasons why this nominee should be selected to receive the Boston University Henry M. Goldman School of Dental Medicine Alumni Award.

Please return this nomination form by July 15 to:

Boston University Henry M. Goldman School of Dental Medicine
Attn: Ms. Stacey McNamee, Director of Alumni Relations & Annual Giving
85 East Newton Street, M-1009A
Boston, MA 02118 USA
EMAIL: smcnamee@bu.edu
PHONE: 617-638-4778