SCHOOL OF MEDICINE AND BIOMEDICAL SCIENCES
University at Buffalo The State University of New York

Call for Nominations
UB School of Medicine and Biomedical Sciences
Distinguished Alumnus/a Award Nomination Form

I wish to nominate (please print): _____
in class year: _____as a distinguished medical alumnus/a.

Comments and Alumni CV (required): _____
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Your Name: _____ E-mail: _____
Address: _____
Department: _____Degree Year: _____

Please return form with Curriculum Vitae for nominee to Office of Advancement, 3435 Main Street, Room 35 BEB, Buffalo, NY 14214; or email jlobaugh@buffalo.edu with your nomination.