Criteria for Outstanding Alumnus Awards

Outstanding Young Alumnus/nae
- Less than 42 years of age
- Postgraduate or undergraduate degree received from UASOD
- Contributions to the school in terms of time, volunteerism
- Continuous learner
- Active in professional organizations
- Current member of SOD Alumni Association
- Providing financial support – beyond dues to Alumni Association
- Potential to make future financial contributions
- School of Dentistry full-time faculty are not eligible

Distinguished Alumnus/nae
- Greater than 42 years of age
- Postgraduate or undergraduate degree received from UASOD
- Significant and consistent contributions to SOD in terms of time and financial support
- Continuous learner
- Active in professional organizations and held leadership position
- Current member of the SOD Alumni Association
- Recognized by peers as outstanding dental professional (well-respected)
- School of Dentistry full-time faculty are not eligible

Your Name ________________________________

Nominee's Name: ______________________________

Consideration for Young Alumnus/nae Award □
Consideration for Distinguished Alumnus/nae Award □

Address: ______________________________________

____________________________________________

Office phone number: __________________________

Degree(s) earned at UAB and date of graduation: __________________________

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Memberships in professional, civic and social organizations: _______________
Describe contributions of nominee to UAB:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Describe eminence, service and accomplishments of nominee in dentistry:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Additional information regarding nominee:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Signature: ____________________________

Date: _____________________________

Please e-mail or fax to:

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