UAB NATIONAL ALUMNI SOCIETY
DISTINGUISHED ALUMNI AWARD
NOMINATION FORM
(ATTACH ADDITIONAL INFORMATION AS NECESSARY)
Letter of Recommendation Must Accompany

1. NOMINEE’S FULL NAME_________________________________ DAYTIME PHONE (___)__________

2. HOME ADDRESS_____________________________________________________________________________

3. BUSINESS ADDRESS__________________________________________________________________________

4. OCCUPATION/TITLE__________________________________________________________________________

5. DEGREES EARNED AT UAB___________________________________________________________________

6. MEMBERSHIPS IN PROFESSIONAL, BUSINESS, CIVIC, AND SOCIAL ORGANIZATIONS
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

7. DESCRIBE EMINENCE, SERVICE AND ACCOMPLISHMENTS OF NOMINEE IN CHOSEN FIELD OF ENDEAVOR
____________________________________________________________________________________________
____________________________________________________________________________________________

8. DESCRIBE SIGNIFICANT CONTRIBUTIONS BY NOMINEE WHICH BENEFIT COMMUNITY, STATE OR NATION THROUGH PUBLIC SERVICE, CIVIC ACTS, SOCIAL SERVICE, UNIVERSITY, ARMED FORCES OR ANY OTHER
____________________________________________________________________________________________
____________________________________________________________________________________________

9. ADDITIONAL INFORMATION REGARDING NOMINEE
____________________________________________________________________________________________
____________________________________________________________________________________________

Your name (Please print)_______________________________________________________________________
Address_____________________________________________________________________________________
Business Telephone_________________________Home Telephone__________________________
E-mail_____________________________________________________________________________________
Signature________________________
Date____________________________________

Please return to: Abbie Sumners
Alumni Affairs Office
516 Building
516 20th Street South