

**Nominee's name:** \_\_\_\_\_

**Nominee's e-mail address:** \_\_\_\_\_

**Nominee's program and graduation year:** \_\_\_\_\_

**Nominator's name:** \_\_\_\_\_

**Nominator's telephone number:** \_\_\_\_\_

**Nominator's e-mail address:** \_\_\_\_\_

**Award: (please check one):**

- Outstanding Alumni Award
- Early Career Alumni Award
- Friend of Dal Dentistry Award

**Nomination submission checklist:**

- Nomination form
- Letter from the primary nominator
- Letter of support 1 (max. 1 page)
- Nominee's curriculum vitae or other documentation to support the nomination

**Please submit this form with your completed nomination dossier to:**

Dentistry Alumni Committee  
c/o Kathy MacFarlane  
Dalhousie University  
5981 University Avenue, Room 5157A  
PO Box 15000  
Halifax, NS B3H 4R2  
E-mail: [alumni.dentistry@dal.ca](mailto:alumni.dentistry@dal.ca)

Completed nomination dossiers must be received by **May 1, 2025** to be considered. Electronic submissions are strongly encouraged.