**Nomination Submission Form**

|  |  |
| --- | --- |
| School: | Date: |
| Nominator: | Nominee: |
| Nominator Title: | Nominee Graduation Year: |
| Nominator Phone Number: | Nominee Phone Number: |
| Nominator Email: | Nominee Email: |
| Dean (printed name and signature): |  |

**Please complete the following fields. Attach additional sheets if necessary.**

Describe the student’s voluntary public service activities and the impact they have had on the community:

|  |
| --- |
|  |

Describe their professional/public health-related activities outside the classroom and how they have benefited the field:

|  |
| --- |
|  |

Describe how they advanced the profession of pharmacy in the public arena:

|  |
| --- |
|  |