**Nomination Submission Form**

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| 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:

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

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

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