

You may submit form via:

Fax: 518.262.6824

Mail: 47 New Scotland Avenue, MC-5
Albany, New York 12208-3412

Online: alumni.amc.edu/alumniawards

Email: AMCAumni@mail.amc.edu

Albany Medical College Alumni Association Awards Nomination Form

(Please take time to carefully complete this form)

Names of nominee and nominator: *

I,

Member of the class of *(if applicable)*:

Would like to nominate Albany Medical College Alumnus/a *(if applicable)*:*

for the following award: *

- Distinguished Alumnus/a**
- Exemplary Alumni Support**
- Honorary Alumnus/a**
- Humanitarian Alumnus/a**
- Meritorious Alumnus/a**

My email address is: *

My phone: *

Please complete the following as appropriate to the nomination

Career Achievements of Nominee: *

Personal Recommendation for Nominee: * *(feel free to use additional space if needed)*

Please submit a CV of the nominee if possible. Thank you!