COLLEGE of PHARMACY
THE UNIVERSITY OF TEXAS AT AUSTIN

The Distinguished Young Alumnus Award Application
(Graduated in the last 10 Years)

Name of person making nomination:_____

Title:_____

Address:_____

Contact telephone number:_____

E-Mail:_____

Relationship to nominee:_____

Name of nominee:_____

Address:_____

Contact telephone number:_____

E-Mail:_____

In your own words, please explain how the nominee meets the following criteria. Please use additional sheets if needed. Supporting materials such as resumes and vitae are strongly encouraged. Nominations without detailed applications will not be accepted.

Must show promise and innovation in his/her chosen business, profession or field.

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Must be a person of such integrity and ability that the faculty, staff, students and alumni of the college will take pride in and be inspired by his/her recognition.

Must have demonstrated a continuing interest in the UT College of Pharmacy in any of the following ways: volunteering, teaching, philanthropy or precepting.