



HALL OF HONOR NOMINATION FORM

Nominee Information

| | | |
|-------------------------|-------------------------------|-----|
| Name | | |
| Date of Birth | Date of Death (if applicable) | |
| Address | | |
| City | State | Zip |
| Phone | Email Address | |
| Medical School Location | | |
| Year Graduated | | |
| Residency Location | | |
| Year Completed | | |

Nomination Made By

| | | |
|---------|---------------|-----|
| Name | | |
| Title | | |
| Address | | |
| City | State | Zip |
| Phone | Email Address | |

Nomination submissions must include:

- Nomination form
- Outline of the nominee's time spent at the University of Michigan
- At least one paragraph summarizing the nominee's career
- A narrative describing the reasons why the nominee should be considered for this honor

Note: We are unable to submit incomplete nomination packets for consideration by the Hall of Honor Selection Committee.

Please submit the nomination in its entirety to:

Julie Antis
Assistant Director of Alumni Relations
Office of Medical Development & Alumni Relations
301 E. Liberty, Suite 400
Ann Arbor, MI 48104

Due Date: Nominations must be postmarked by **March 2, 2009**. The induction of selected honorees will be held in 2010.

Questions? Please contact Julie Antis at 734.998.7703 or antisj@umich.edu.