

Nominee's name: _____

Nominee's e-mail address: _____

Nominee's program and graduation year: _____

Nominator's name: _____

Nominator's telephone number: _____

Nominator's e-mail address: _____

Award: (please check one)

- ☐ Outstanding Alumni Award
- ☐ Early Career Alumni Award
- ☐ Friend of Dal Dentistry Award

Nomination submission checklist:

- ☐ Nomination form
- ☐ Letter from the primary nominator
- ☐ Letter of support 1
- ☐ Nominee's curriculum vitae

Please submit this form with your completed nomination dossier to:

Dentistry Alumni Committee
c/o Kathy MacFarlane
Dalhousie University
5981 University Avenue, Room 5157A
PO Box 15000
Halifax, NS B3H 4R2
E-mail: alumni.dentistry@dal.ca

Completed nomination dossiers must be received by **Friday, May 1, 2026** to be considered. Electronic submissions are strongly encouraged.