WCMC Alumni Association
AWARD OF DISTINCTION NOMINATION FORM

Name of Nominator: __________________________________________
Class Year: _______
Address: ____________________________________________________________
City: __________________________
State: ________ Zip: __________________________
Phone: __________________________
Email: __________________________________________

Please list below any alumni you would like to nominate for the Award of Distinction. A letter of nomination and current CV must be included with each nomination to be considered for the award.

1. Name of Alumnus/a and Class Year

   __________________________________________

2. __________________________________________

3. __________________________________________

Please return this form and supporting documents to:

   Email: alumni@med.cornell.edu
   Fax: (212) 832-0205

   Mail:
   Weill Cornell Medical College
   Office of External Affairs | Alumni Relations
   1300 York Avenue, Box 61
   New York, NY 10065

If you have questions about the Award of Distinction, please contact Vanessa Ball at (646) 962-9473 or clc2016@med.cornell.edu.