Alumni Association
SPECIAL ACHIEVEMENT AWARD NOMINATION(S)

Name of Nominator and Class Year:

_________________________________________________________________

Note: A letter of nomination and current CV must be included with each
nomination to be considered for the award.

Name of Alumnus/a and Class Year

1.

2.

3.

4.

Please submit this ballot to:

Weill Cornell Medical College
Office of External Affairs | Alumni Relations
1300 York Avenue, Box 61 | New York, NY 10065
Fax: (212) 832.0205 | Ph: (646) 962-9560| alumni@med.cornell.edu
www.weill.cornell.edu/alumni

Any questions can be directed to Vanessa Ball at (646) 962-9473 or
vlb2005@med.cornell.edu.