

**The University of Texas Medical Branch
School of Medicine Alumni Association**

2009 Ashbel Smith Distinguished Alumnus Award

NOMINATION FORM

The Ashbel Smith Distinguished Alumnus Award is the highest alumni honor bestowed by the university's School of Medicine Alumni Association. The award, recognizing outstanding service to the medical profession and to humanity, honors the memory of Dr. Ashbel Smith. A prominent figure in Texas medicine, politics and education, Smith was considered the driving force behind establishing the University of Texas at Austin in 1881, and a medical department that would later be known as UTMB, in Galveston in 1891.

Nomination Criteria:

- o Distinguished in the medical profession
- o Demonstrates integrity, stature and abilities that will inspire students and other alumni
- o Has made important contributions to his or her community
- o Has made contributions to medical education as a scholar and teacher
- o Demonstrates pride in the University of Texas Medical Branch and whose loyalty and interest are evident

Name of Nominee _____

Title _____

Address _____

City/State/Zip _____

Telephone/Fax/Email _____

Is the nominee aware of this nomination? Yes No

Please attach a statement supporting your nomination of this individual for the award indicated. Your nomination should not exceed two pages (double-spaced), and may include up to five attachments from others to support the nomination. Support documents also should be limited to two pages. Nominations and support documents should describe how the individual meets the criteria for the award. Please use specific examples to demonstrate how the individual meets or exceeds the criteria. Highlight accomplishments that demonstrate commitment to the criteria. Please do not include booklets, books, brochures, or similar documents.

All nominations are requested by November 1, 2008.

Mail or fax completed nomination packets to:

Nancy Lauve
The University of Texas Medical Branch
School of Medicine Alumni Association
301 University Boulevard
Galveston, TX 77555-1320
FAX: (409) 772-3624

Submitted by _____

Signature/Date _____

Title/Department _____

Telephone/Fax/Email _____