

***Mayo Clinic School of Health Sciences Alumni Association
Recognition of Outstanding Contribution Nomination Form***

Please print or type and return this form along with supporting materials to the address below by February 28, 2026.

Nominator Information

Name _____

Title _____

Address _____

Phone number _____ Fax number _____

Email address _____

Nominee Information (if different)

Name _____

Title _____

Address _____

Phone number _____ Fax number _____

Email address _____

Each nomination packet must include:

- Completed Nomination Form
- Letter of nomination (Nominations can focus on one or more areas of accomplishment – include specific examples)
- Copy of CV

Send your nomination to our email address at mshsaa@mayo.edu.