

***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](mailto:mshsaa@mayo.edu).**