



UT Health

San Antonio

Joe R. & Teresa Lozano Long  
School of Medicine

**UT Health Long School of Medicine Distinguished Alumnus Award  
Nomination Form**

**Use this form to nominate an individual for the School of Medicine Distinguished Alumnus Award.**

Date: \_\_\_\_\_

I hereby submit the name of: \_\_\_\_\_  
Name

Class of (year): \_\_\_\_\_

**Nominee Information (if known):**

Street Address: \_\_\_\_\_

Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

**Nominated by:** \_\_\_\_\_  
Name

Class of (year)[if applicable]: \_\_\_\_\_

Street Address: \_\_\_\_\_

Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Narrative:

Please summarize your nomination. Does the nominee possess one of the following:

- particular achievement of noteworthy value
- series of such achievements
- career of noteworthy accomplishment

Summary:

UT Health San Antonio

Alumni Programs Office

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