



Office of Advancement
One Illini Drive
Peoria, Illinois 61605

Peoria Medical Alumni Council

DISTINGUISHED ALUMNI AWARD

The Distinguished Alumnus Award has been established by the Peoria Medical Alumni Council to honor alumni of the University of Illinois College of Medicine Peoria who have attained outstanding success and distinction in their chosen medical field, and whose accomplishments reflect admirably on or bring honor to their Alma Mater.

Selection Criteria

- Nomination required. Nominees must be living at the time of their nomination.
- Nominations will be considered active for five years.
- Must hold an earned degree from the University of Illinois College of Medicine Peoria.
- Must be an individual who is highly distinguished for his/her chosen medical field.
- Must be an individual who, in deed or in action, reflects the importance of his/her education at the University of Illinois College of Medicine Peoria.
- Previous recipients are not eligible for consideration again.
- Any University of Illinois College of Medicine graduate, faculty member, retired faculty member, or current staff member of the College of Medicine at Peoria may nominate a College of medicine at Peoria graduate for the Distinguished Alumnus Award.
- The award may not be conferred in absentia; however, it may be granted posthumously.
- The Peoria Medical Alumni Council, or Council appointed subcommittee, will determine the award recipient from eligible nominations.
- A recipient will be named no more often than annually. It is anticipated that for some years there will be no winner selected.
- The award will be presented by the Peoria Medical Alumni Council at an official College of Medicine Peoria event.



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DISTINGUISHED ALUMNI AWARD NOMINATION FORM

The Peoria Medical Alumni Council (PMAC) will select one recipient per year. PMAC will present the award at an official University of Illinois College of Medicine Peoria event. The recipient will be asked to make brief remarks at that time.

ABOUT THE NOMINEE

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Class Year: _____

Present Occupation (include title, company name, and address):

Family Information (name of spouse, children): _____

****Please attach this form to your letter of support outlining the nominee's credentials. Your letter should include a thorough description of the nominee's accomplishments. Please include the nominee's updated CV, any awards, honors, etc., send the nomination form and letter to adv-peoria@uic.edu. Questions also may be directed to kdeets@uic.edu or 680-8613.**

ABOUT THE NOMINATOR

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____