



NOMINATION FORM

Faculty of Pharmaceutical Sciences Alumni Agent of Change

Please complete, print and include this form with your nomination package.

SECTION 1: THE NOMINATOR

Name

Degree(s) and Graduation Year(s) - if applicable

Phone

Email Address

Relation to Nominee

Signature

Date

SECTION 2: THE NOMINEE

Name

Degree(s) and Graduation Year(s)

Phone

Email Address

Current Position and Organization

SECTION 3: LETTER OF NOMINATION

My letter of nomination (maximum of 500 words) is attached and addresses: How the nominee's achievements in a community, clinical, research or hospital setting are having a positive impact locally, nationally or globally.

 Yes

Why the nominee is deserving and how the nominee meets the criteria for being recognized as a Faculty of Pharmaceutical Sciences Alumni Agent of Change.

 Yes

SECTION 4: SUPPORTING MATERIALS

I have also attached supporting documents including:

An outline of the nominee's accomplishments.

 Yes

A list of awards or other public recognitions, media reports, publications etc.

 Yes

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Completed nominations packages can be submitted via email to:

**Shina Boparai, Alumni Relations Manager
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604-827-1411**