



FACULTY MEMBER NOMINATION
COLLEGE OF ALLIED HEALTH
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER



NOMINEE _____

NOMINATOR _____

PROGRAM _____

TITLE _____

Please attach the nominee's curriculum vitae.

Write a brief statement on the nominee's "program of scholarship and friendship, along with their leadership and high attainments in the allied Health professions" to support your nomination.

TO BE CONSIDERED, FORMS AND VITAE MUST BE RETURNED BY THE DATE INDICATED TO:

**President, Alpha Eta
c/o Office of Academic & Student Services, AHB 1009
College of Allied Health**