



Nominee

Name _____

Award ☐OA – DVM ☐OA – Graduate ☐OA – BIMS ☐Rising Star

VMBS Degrees _____

Class Year(s) _____

Email _____

Preferred Phone _____

Mailing Address _____

City, State, Zip _____

Nominator

Name _____

Class Year(s) _____

Email _____

Preferred Phone _____

Mailing Address _____

City, State, Zip _____

Award guidelines and criteria available at vetmed.tamu.edu/alumni/awards/

***Nomination form and required support documentation
must be postmarked no later than Sunday August 31, 2025.***

Please email the completed form and support materials to vmbs-alumni@tamu.edu, or mail to:

*Outstanding Alumni Selection Committee
Office of the Dean, c/o Stephanie Hollis, 4461 TAMU, College Station, TX 77843-4461*