



School of Medicine
University of Missouri

MU Medical Alumni Organization • Medical Alumni Awards

Since 1956, the University of Missouri Medical Alumni Organization has annually recognized alumni for outstanding achievement, contributions to the field of medicine and support of the MU School of Medicine. The award categories include:

Citation of Merit Award

This award recognizes alumni who have made significant contributions to the medical profession.

Distinguished Service Award

This award recognizes alumni who have distinguished themselves through medical service.

Outstanding Young Physician Award

This award recognizes alumni who have distinguished themselves in the field of medicine early in their career. Nominees must be age 45 or younger at the time of nomination.

Honorary Medical Alumni Award

This award recognizes non-alumni who have demonstrated special interests in the MU School of Medicine and the Medical Alumni Organization.

Nomination Process

Nominations for the **2025 Medical Alumni Awards** will be accepted through **May 1, 2025**. Nominations will remain active for two years.

Nomination Materials

Required:

- Nomination Form
- Letter of Nomination highlighting contributions and facts supporting the candidate's qualifications for consideration
- A CV/resume listing career history, publications, awards, accomplishments, etc.

Recommended:

- Additional letters of support
- Bio/Bio Sketch of the nominee
- Articles highlighting the nominee's contributions

Nomination materials can be submitted by email to mumedalumni@health.missouri.edu or mailed to:
Medical Alumni Awards Committee
MU Medical Alumni Office
107 Reynolds Alumni Center
Columbia, MO 65211

For more information or for assistance with the nomination process, contact the Office of Alumni Affairs at mumedalumni@health.missouri.edu or 573-882-5021.

University of Missouri School of Medicine
Medical Alumni Awards
2025 Nomination Form

Nominations must be received in the
Medical Alumni Office no later than
5pm on Thursday, May 1, 2025.

Please type or clearly print all information. Please do not staple nomination materials.

CATEGORY FOR NOMINATION:

- Citation of Merit Award*
- Distinguished Service Award
- Outstanding Young Physician Award
- Honorary Medical Alumni Award

*Please note: The Citation of Merit Awardee must attend the Awards Ceremony to be held in Columbia, MO.

NOMINEE'S INFORMATION

<hr/> First Name	<hr/> M.I. /Maiden Name	<hr/> Last Name	<hr/> MU Class Year
<hr/> Company Name		<hr/> Title	
<hr/> Email Address <input type="checkbox"/> Home <input type="checkbox"/> Office		<hr/> () Cell Phone	
<hr/> Office Address		<hr/> City	<hr/> State
<hr/> Home Address		<hr/> City	<hr/> State
<hr/> Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Office		<hr/> Zip	<hr/> Zip
<hr/>		<hr/> () Office Phone	
<hr/>		<hr/> () Home Phone	

Nominated By:

Date: _____

<hr/> First Name	<hr/> M.I. /Maiden Name	<hr/> Last Name	<hr/> MU Class Year*
<hr/> Company Name		<hr/> Title	
<hr/> Email Address <input type="checkbox"/> Home <input type="checkbox"/> Office		<hr/> () Cell Phone	
<hr/> Office Address		<hr/> City	<hr/> State
<hr/> Home Address		<hr/> City	<hr/> State
<hr/> Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Office		<hr/> Zip	<hr/> Zip
<hr/>		<hr/> () Office Phone	
<hr/>		<hr/> () Home Phone	

*If applicable; nominator does not need to be an alumnus/a of MU.