



AMERICAN INSTITUTE OF THE HISTORY OF PHARMACY

Rennebohm Hall ■ University of Wisconsin-Madison School of Pharmacy
777 Highland Avenue ■ Madison, WI 53705-2222 ■ 608.262.5378 ■ aihp@aihp.org

AIHP STUDENT CERTIFICATE OF RECOGNITION NOMINATION FORM

Name of student recipient printed as it will appear on the certificate:

Will there be a formal presentation of the certificate? _____ When? _____

Please attach or include with this form a brief description or explanation of the historical achievement or activity for which you are authorizing the student's Certificate of Recognition.

Authorizing faculty member Information:

Name: _____

Email address: _____

Mailing address: _____

(Certificate of Recognition and awards package will be sent to authorizing faculty member unless otherwise requested. Please provide a street address for awards package delivery.)

Please email completed nomination forms & attachments to: **awards@aihp.org**

— or —

Please mail completed nomination form & attachments to: **AIHP**
777 Highland Avenue
Madison, WI 53705-2222
awards@aihp.org

Signature of authorizing faculty member

Date

*Nomination Forms and more information available on the AIHP website:
<https://aihp.org/awards-grants/awards/student-recognition-certificate/>*