



AMERICAN INSTITUTE OF THE HISTORY OF PHARMACY

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AIHP STUDENT CERTIFICATE OF RECOGNITION NOMINATION FORM

School or College of Pharmacy: _____

Name of student recipient as it should appear on the certificate:

If there will there be a formal presentation, please provide the date: _____

Please briefly describe or explain the historical achievement or activity for which you are authorizing the student's Certificate of Recognition. (You may attach additional documentation to this form as necessary):

Name of Authorizing Faculty Member: _____

Email address of Authorizing Faculty Member: _____

Mailing address of Authorizing Faculty Member:

(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 to: **aihp@aihp.org**

— or —

Please mail completed nomination form to:

AIHP
777 Highland Avenue
Madison, WI 53705-2222

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/>