



COLLEGE *of* PHARMACY  
THE UNIVERSITY OF TEXAS AT AUSTIN

**THE LEGEND OF PHARMACY AWARD APPLICATION**

Name of person making nomination: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_

Name of nominee: \_\_\_\_\_

Address: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

In your own words, please explain how the nominee meets the following criteria. Please use additional sheets if needed. Supporting materials such as resumes and vitae are strongly encouraged. Nominations without detailed applications will not be accepted.

**Is a person whose contributions to the profession of pharmacy are considered above and beyond, or “legendary.”**

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**Has demonstrated a continuing commitment to the UT College of Pharmacy in any of the following ways: volunteering, teaching, philanthropy or precepting.**

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**Is distinguished in his/her chosen business, profession or life work.**

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**Is a person of such integrity, stature, demonstrated ability and renown that the faculty, staff, students and alumni of the college will take pride in and be inspired by his/her recognition.**

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**Is a person who manifests an attitude of respect and compassion for mankind.**

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