

Criteria for Nominees Selection Form



UT Health
San Antonio
Voelcker Biomedical
Research Academy

Basic Information

School Name	
Name of Committee Leader	
E-mail Address	
Submitted by	
Committee Member Names, Titles and E-mails (minimum of 3 individuals <u>required</u>)	
Number of students that applied	

Describe the process at your school to include: how did you advertise the opportunity to be considered for nomination and what was the criteria utilized for final nominee selection?

