



BUGEMA UNIVERSITY ALUMNI ASSOCIATION NOMINATION FORM

SECTION A: POSITION BEING NOMINATED FOR

(Please tick the appropriate box)

- ☐ President (Chairperson)
- ☐ Vice President (Chairperson)
- ☐ General Secretary
- ☐ Treasurer
- ☐ Publicity Secretary
- ☐ Committee Member : _____

SECTION B: NOMINEE INFORMATION

Full Name of Nominee: _____

Year of Graduation: _____

Program Studied: _____

Alumni Registration Number (if applicable):

Phone Number: _____

Email Address: _____

Current Occupation/Position: _____

Organization (if any): _____

SECTION C: NOMINATOR INFORMATION

Full Name of Nominator: _____

Phone Number: _____

Email Address: _____

Relationship to Nominee (e.g., Classmate, Colleague):

Signature: _____

Date: ____ / ____ / ____

SECTION D: NOMINEE'S CONSENT

I, _____ (Nominee's Name),
hereby accept the nomination for the above-mentioned
position and confirm that I am willing to serve if elected.

Signature: _____

Date: ____ / ____ / ____

OFFICIAL USE ONLY

Received By (Name): _____

Date Received: ____ / ____ / ____

Verified By: _____

Comments (if any): _____

