
Date Submitted:
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ALUMNI ASSOCIATION BOARD NOMINATION FORM

*Nominee must be an alumnus/alumna of Valdosta State University.

Full Legal Name of Nominee: _____

Graduation Year: _____ College of: _____

Nominee's Address: _____

Nominee's phone number: _____
(Work) (Home/Cell)

Nominee's Email Address: _____

Nominee's Employer & Job Title: _____

Submitter Name: _____

Submitter Email: _____ Submitter Phone: _____

Please provide pertinent details of this person's activities at VSU and beyond.

Why do you think this person would make a good Alumni Association Board member?

Please list any family members and their relationship who also attended VSU/VSC.

Please sign and date this form with the name of the nominating party.

Submitter's Name (Please print)

Submitter's Signature