



UNIVERSITY OF CENTRAL OKLAHOMA
Alumni Association

Board of Directors Nomination Form

NOMINEE INFORMATION

LAST NAME:

FIRST NAME:

EMAIL:

PHONE NUMBER:

EMPLOYER

TITLE:

MAJOR:

GRADUATION
YEAR

CURRENT BOARD MEMBER INFORMATION

LAST NAME:

FIRST NAME:

REASON FOR
NOMINATING
THIS PERSON:

WHAT SKILLS
WILL THEY
CONTRIBUTE:

SIGNATURE

DATE: