

**PRESBYTERIAN UNIVERSITY, GHANA ALUMNI ASSOCIATION
P. O. BOX 59 ABETIFI**



NOMINATION FORM

POSITION: _____

1. Name of Nominee:
2. Programme Offered:
3. Year of Completion:
4. Campus:
5. Position (s) Held on Campus:
 - i.
 - ii.
 - iii.
 - iv.
6. Contact Address:
7. Mobile No: Email:
8. Current Employer:
9. Job Title:
10. Current Position:
11. Academic/Professional Qualification (s)
 - i.
 - ii.

CANDIDATE'S VISION STATEMENT

ENDORSEMENT

- 1. NAME.....YEAR OF COMPLETION..... SIGNATURE:
- 2. NAME.....YEAR OF COMPLETION..... SIGNATURE:
- 3. NAME.....YEAR OF COMPLETION..... SIGNATURE:
- 4. NAME.....YEAR OF COMPLETION..... SIGNATURE:
- 5. NAME.....YEAR OF COMPLETION..... SIGNATURE:

NOTE

- a. 5 Members are required to endorse the Nomination Form.
- b. The following nonrefundable filling fees shall apply:
 - President - GH¢1,000.00
 - Vice President - GH¢700.00
 - Other Positions - GH¢500.00
- c. Payment should be made to the following account of the Association:
GCB Bank, Abeka Lapaz – 1501010053332 or CBG Bank, Spintex – 0237945640001 or
MTN Momo – 0248135930

DATE: SIGNATURE:

OFFICIAL USE ONLY

DATE RECEIVED: SIGNED:

APPROVED:

REJECTED:

REMARKS:
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