

**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¢300.00
  - Other Positions - GH¢200.00
- 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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