

ALUMNI ASSOCIATION OF KCA UNIVERSITY (AAKCAU) BOARD MEMBER ENDORSEMENT FORM

1. Full Name:	
2. KCAU Registration No:	
3. Course Taken:	
4. Year of Completion:	
5. Email Address:	
6. Telephone:	
NOMINEE DETAILS	
7. Name of Nominee:	

- 8. Position Nominated For: _____
- 9. Reasons for Endorsement:

ENDORSEMENT DECLARATION

I, the undersigned, nominate and support the election of the above-named individual to the Alumni Association of KCA University Board (AAKCAU).

I declare that I have made this nomination on my own volition and I understand that my
endorsement must comply with the current AAKCAU Constitution. I confirm that all the
information I have provided is true and accurate.

Signature:	 	
Date:		

FOR OFFICIAL USE ONLY

Vetting Panel Review Date:	
Reviewed by:	Sign:
Approved: Rejected: Comments:	