



ARKANSAS TECH UNIVERSITY
ALUMNI BOARD OF
DIRECTORS
NOMINATION FORM

Nominator Information - Please list your name and contact information here if you are nominating the following person for the Arkansas Tech Alumni Board.

Nominee Information

First Name: _____

Middle Name: _____

Last Name: _____

Maiden Name: _____

Primary Email: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Class Year: _____ Major: _____

Current Occupation: _____

Affiliation(s) to Arkansas Tech (ex. student organizations, athletics, etc.) _____

Spouse Name: _____ Class Year: _____

Children: _____

Notes: _____
