

Alumni Association

Member Referral Document

Please complete this form to refer a fellow graduate for membership in the Alumni Association. This document is formatted for printing and physical filing.

Part 1: Referrer Information (Your Details)

Full Name:	<input type="text"/>
Graduation Year:	<input type="text"/>
Degree / Major:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

Part 2: Referred Candidate Information

Candidate Full Name:	<input type="text"/>
Graduation Year (if known):	<input type="text"/>
Degree / Major:	<input type="text"/>
Candidate Email:	<input type="text"/>
Candidate Phone:	<input type="text"/>
Relationship to Referrer:	<input type="text"/>

Part 3: Referral Reason & Comments

Please briefly describe why you are recommending this candidate for the Alumni Association:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Part 4: Signatures & Submission Date

By signing below, you verify that the information provided is accurate to the best of your knowledge.

Referrer Signature:	Date (MM/DD/YYYY):
<input type="text"/>	<input type="text"/>

For Alumni Association Office Use Only

Received By: <input type="text"/>	Date Received: <input type="text"/>	Status: <input type="text"/>
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