



Alumni Board Nomination Form

Please use this form to nominate yourself, or a fellow alum, to the School of Nursing Alumni & Friends Volunteer Board.

Your Name _____
Date _____
Day Phone _____
Evening Phone _____

Name of Nominee _____
Street Address _____
City/State/Zip _____
Day Phone _____
Evening Phone _____

Please make a short statement (50 words or less) describing your nominee’s affiliation with the School of Nursing, your nominee’s past and present employment, and any reasons why you think your nominee would be a good candidate for the Alumni Board.

Please return the completed form to:

Attn: Samantha Morris-Avery
University of Connecticut
School of Nursing
231 Glenbrook Road, Unit 4026
Storrs, CT 06269-4026