****

**DISTINGUISHED ALUMNI AWARD NOMINATION FORM – 2024**

|  |  |
| --- | --- |
| **SECTION A** | |
| Name of Nominee: | Name of Nominator: |
| Year of First Enrolment at RU: | Did you study at RU: YES/NO |
| Area of study at RU: | Year of First Enrolment (if applicable): |
| Postal Address: | Postal Address: |
| E-mail: | E-mail: |
| Telephone: | Telephone: |
| Home: | Home: |
| Work: | Work: |
| Cell: | Cell: |

|  |
| --- |
| **SECTION B: COMPULSORY**  Please provide detailed information including supporting documents where relevant in this section: Feel free to submit additional sheets with appropriate headings. |
| 1. Why I believe this person should be considered for the award. (Personal motivation/recommendation) |

|  |
| --- |
| 1. Professional achievements (Positions held, professional recognitions, special awards, publications/citations etc). You can attach a copy of the CV if available. |
| 1. Indicate the service provided by the nominee to the community/society. |
| 1. Indicate the service provided by the nominee to Rhodes University (e.g., guest lecturing, donations, mentoring etc.) |

|  |
| --- |
| **SECTION C: OPTIONAL**  Statements of Support from others – please list here and attach. |
|  |

|  |  |
| --- | --- |
| Please send the completed form together with the supporting documents to: | |
| **Distinguished Alumni Award** |  |
| Attention: Luyanda Bheyile |  |
| Manager: Alumni Relations & Stakeholder Engagement |  |
| Communications & Advancement |  |
| Rhodes University |  |
| Lucas Avenue |  |
| Makhanda |  |
| 6140 |  |
| Tel: 046 603 8516 | E-mail: [l.bheyile@ru.ac.za](mailto:l.bheyile@ru.ac.za) |

**NB:** Incomplete forms will NOT be considered.

If you have not heard from us within thirty days after the closing date, please consider your nomination as unsuccessful.