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**DISTINGUISHED ALUMNI AWARD NOMINATION FORM – 2024**

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

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| **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)
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| 1. Professional achievements (Positions held, professional recognitions, special awards, publications/citations etc). You can attach a copy of the CV if available.
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| 1. Indicate the service provided by the nominee to the community/society.
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| 1. Indicate the service provided by the nominee to Rhodes University (e.g., guest lecturing, donations, mentoring etc.)
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| **SECTION C: OPTIONAL** Statements of Support from others – please list here and attach. |
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| 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 |  |
| PO Box 94 |  |
| Makhanda |  |
| 6140 |  |
| Tel: 046 603 8516 | E-mail: 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.