



ALUMNI ASSOCIATION OFFICE

To be completed by candidates running for Laikipia University Alumni Association Executive Committee.

Date: _____

Name: _____

Year of graduation: _____

Degree(s): _____

Other degree(s): _____

Address: _____

Postal Code: _____ City: _____ County: _____

Phone number: _____

E-mail: _____

Occupation and employer: _____

Position vied for: _____

Why do you want to be on the Alumni Executive Committee?

What skills and interests would you bring to the Alumni Executive Committee?

Please forward completed form to:

Laikipia University Alumni Affairs Office

Email: alumni@laikipia.ac.ke

Phone: (0)20-2588555