

# Alumni Fellow Awards 2024



THE UNIVERSITY  
of ADELAIDE

## Nomination form

### Your details

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

### Tell us about the person you are nominating

Title: \_\_\_\_\_

Given Names: \_\_\_\_\_

Surname: \_\_\_\_\_ Suffix (AO, OAM etc): \_\_\_\_\_

Postal address: \_\_\_\_\_

Degree and year of Graduation: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (B/H): \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to the University  
(current/former student, current/former staff/graduate): \_\_\_\_\_

Tell us why the candidate should receive an Alumni Fellow Award (300 words)

*Note: Please refer to the criteria in the Rules*