



OUR LADY OF FATIMA UNIVERSITY

Alumni Affairs Office

NOMINATION FORM FOR DISTINGUISHED ALUMNI

Title (Prof, Dr, Mr, Ms, etc)	Surname:
First Name:	Middle Name:
Surname (If different when at Campus)	
Address of the Person Nominated	
Box No.:	Postcode:
Town / City:	
Landline:	Country:
Mobile No.:	Email Address:
Qualifications Gained (BA, BSc, MA, PhD)	
Area of Study	Year of Graduation (at OLFU)
Name of Current Employer / Organization	Designation (in current employment)

Reasons for nomination (Achievements)

Name of Proposer:	Landline:
Address of Proposer:	Mobile Number:
	Email Address:

Post to:

The Directorate
ALUMNI AFFAIRS OFFICE
Medicine Building Ground Floor
Our Lady of Fatima University
#120 Mac Arthur Highway, Marulas, Valenzuela City

Send as attachment to:

OLFUALumni.MD@gmail.com