



Baylor University

BAYLOR ALUMNI-ELECTED REGENT NOMINATION FORM

NAME OF NOMINEE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____ YEAR OF GRADUATION: _____

NAME OF NOMINATOR _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____ YEAR OF GRADUATION: _____

By completing and signing this form, I verify that I am a graduate of Baylor University and support the nomination of _____ as an alumni-elected Regent.

ALL FIELDS REQUIRED UNLESS INDICATED

1	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
	ADDRESS, CITY, ST ZIP		PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
2	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
	ADDRESS, CITY, ST ZIP		PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
3	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
	ADDRESS, CITY, ST ZIP		PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
4	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
	ADDRESS, CITY, ST ZIP		PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
5	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
	ADDRESS, CITY, ST ZIP		PHONE (PREFERRED)	
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7	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
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			EMAIL (PREFERRED)	
8	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
9	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
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ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
11	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
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12	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
13	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
14	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
15	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
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ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
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17	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
18	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
19	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
20	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
21	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
22	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
23	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
24	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
25	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
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27	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
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28	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
29	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
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ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
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31	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
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32	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
33	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
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34	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
35	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
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ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
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37	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
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42	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
43	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
44	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
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49	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
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			EMAIL (PREFERRED)	

Once completed, this entire application and nomination form should be sent to:

**Office of the Board Professional at Baylor University
One Bear Place #97096
Waco, TX 76798-7096**

**The Alumni-Elected Regent process is overseen by the Office of the Board Professional at Baylor University.
If you have additional questions, call (254) 710-4476.**



Baylor University