



# 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

<b>1</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
	ADDRESS, CITY, ST ZIP		PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>2</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
	ADDRESS, CITY, ST ZIP		PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>3</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
	ADDRESS, CITY, ST ZIP		PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>4</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
	ADDRESS, CITY, ST ZIP		PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>5</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
	ADDRESS, CITY, ST ZIP		PHONE (PREFERRED)	
			EMAIL (PREFERRED)	

# BAYLOR ALUMNI-ELECTED REGENT NOMINATION FORM

**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

<b>6</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>7</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>8</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>9</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>10</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>11</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>12</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>13</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>14</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>15</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	

# BAYLOR ALUMNI-ELECTED REGENT NOMINATION FORM

**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

<b>16</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>17</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>18</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>19</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>20</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>21</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>22</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>23</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>24</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>25</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	

# BAYLOR ALUMNI-ELECTED REGENT NOMINATION FORM

**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

<b>26</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>27</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>28</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>29</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>30</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>31</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>32</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>33</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>34</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>35</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	

# BAYLOR ALUMNI-ELECTED REGENT NOMINATION FORM

**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

<b>36</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>37</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>38</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>39</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>40</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>41</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>42</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>43</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>44</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>45</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	

# BAYLOR ALUMNI-ELECTED REGENT NOMINATION FORM

**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

<b>46</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>47</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>48</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>49</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			EMAIL (PREFERRED)	
<b>50</b>	NAME (PRINT)	MAIDEN NAME (IF APPLICABLE)	SIGNATURE	GRAD YR.
ADDRESS, CITY, ST ZIP			PHONE (PREFERRED)	
			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) 710-3109.**



Baylor University