Alumni Chapter Application Form

Please complete all sections of this form. Once the Alumni Relations team at the Lund University receives your application, we will contact you to discuss the next steps.

The Proposed Alumni Chapter

Proposed Alumni Chapter Name (this will typically include a city or region):

__________________________________________________________________

How would you define your chapter? What is/are your main goal(s)?

__________________________________________________________________

__________________________________________________________________

What community of alumni does this chapter want to serve (e.g. geographical area, academic discipline, special interests)?

__________________________________________________________________

__________________________________________________________________

What current connections do you (and other alumni interested in setting up the chapter) currently have to the Lund community of alumni? For example, are you already in touch with other alumni? Please offer details.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
Please outline your immediate plans for the chapter and the activities you will undertake in the first six months after establishment.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

What challenges do you foresee in the chapter’s first year? How do you plan to overcome these challenges?

__________________________________________________________________

__________________________________________________________________

If other alumni are working with you to set up the chapter, please list names, degree, and year of graduation (if known):

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Information about You

Title/Position: _______________________________________________________

First Name: __________________________________________________________

Last Name: __________________________________________________________

Graduation Year(s): _________________________________________________

Degree/s achieved: _________________________________________________

Full postal address including relevant country details:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Phone Number: ______________________________________________________

Email Address: ______________________________________________________

Your Background Experience

Please tell us about any relevant experience you have which will help you run a chapter. For example, do you have volunteer management, event planning and social media/websites/email communication tools experience?
Intended role in the Chapter Committee: ________________________________
Please describe your responsibilities in this role: __________________________
____________________________________________________________________
____________________________________________________________________

Data Protection Statement
We will update your alumni record. Your information will be held securely by Lund University. Data will not be disclosed to external organisations or individuals, other than those acting as agents for the University. When the chapter is established the main contact details will be published, but we will ask you to confirm this. For further information on how we look after your personal information, including your alumni record, please see our full privacy statement on our website: https://alumni.lu.se/Portal/agreement/Agreement.aspx?lang=en.

Submission details
When completed, please email this form to info@alumni.lu.se.