

## Alumni Ambassador Registration Form

Thank you for your interest in ISM's Alumni Ambassador Program. In order to proceed to the next steps in the process, please respond to **alison.knight@ism.edu** with this form attached.

**Full Name:** \_\_\_\_\_

**Program completed:**

- MBA                       IEMBA                       DBA                       PhD

**Year of completion:** \_\_\_\_\_

**Region(s) represented:** \_\_\_\_\_

**Please indicate how you may be able to participate (check all that apply):**

- Referring students from personal and professional networks
- Regularly featuring ISM on your social media platforms
- Seeking our marketing opportunities in your region
- Hosting an information session
- Establishing partnerships with local companies who may want to sponsor employees or arrange group trainings
- Establish relationships with local universities, to increase referrals or to set up short term programs
- Communicate with your local Ministry of Education to ensure that ISM has proof that ISM degrees are recognized in your country.
- Mentor applicants throughout the application process

**Comments or Suggestions**

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**Contact details**

Alison Knight will follow up shortly to discuss how to best work together. Please indicate the best way to be in contact:

**Phone(s)** \_\_\_\_\_

**Skype ID** \_\_\_\_\_

**Email** \_\_\_\_\_

**Please sign:**

Name and Signature: \_\_\_\_\_

Date: \_\_\_\_\_