NOMINATION FORM
Support Staff Assessor – Board of Governors
2011-2013

We (please print):

1. _____
2. _____
3. _____
4. _____
5. _____

NOMINATE: _____
(Nominee's Name)

_____
(Title)

_____
(Department)

to serve as Support Staff Assessor on the Board of Governors.

I, _____ accept the nomination.
(Please print nominee's name)

SIGNED: _____ DATE: _____

Please provide a short paragraph of factual information about the nominee which will appear on the ballot provided for voting.

_____

_____

_____

_____

_____

_____

_____

_____

_____