



Academic Senate
senate.ucsf.edu

NOMINATION FORM

COMMITTEE ON COMMITTEES SCHOOL OF DENTISTRY MEMBER TO SERVE 2009-2012

INSTRUCTIONS:

Please provide at least five (5) names and signatures of Academic Senate faculty who will support the nominee. The nominee and supporters must be faculty in the School of Dentistry at any rank in an Academic Senate series (University Professor, i.e. Ladder Rank; In Residence; or Professor of Clinical X, i.e. Medicine). The nominee must also sign this form attesting that s/he will serve the full term if elected.

I/we hereby nominate:

Nominee	Title	Department
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for election to the Committee on Committees to serve a **three year term from September 1, 2009 through August 31, 2012.**

NOMINATOR

Please print or type name, title and department	Signature
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SUPPORTING FACULTY

Please print or type name, title and department	Signature
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Please print or type name, title and department	Signature
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Please print or type name, title and department	Signature
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Please print or type name, title and department	Signature
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Please print or type name, title and department	Signature
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NOMINEE ATTESTATION

If elected to the Committee on Committees, I _____ (print name) agree to serve my full term, September 1, 2009 through August 31, 2012.

Signature

Date

Return this form to the Academic Senate Office no later than 5:00 pm on Wednesday September 30, 2009 to Heather Alden, Academic Senate Executive Director in person to MUE 230 or scanned to a PDF and emailed to heather.alden@ucsf.edu. Questions? Please call Heather Alden at 476-8827.