INSTRUCTIONS:

For each person you nominate, please provide at least two names of a Faculty Member of the School of Dentistry who will support that nomination.

Please note that only Faculty holding appointments in the Ladder Rank, In-Residence, Clinical X or Sr. Lecturer with Security of Employment series may nominate an Academic Senate Representative. Faculty with a Clinical or Adjunct series appointment may nominate a Clinical/Adjunct representative.

We hereby nominate:

 ___________________________  ___________________________
(Nominee)  (Department)

for election to the Faculty Council School of Dentistry as a Senate Representative/Department of Preventative and Restorative Dental Sciences.

Supporting Names (two required)

1. ___________________________
   Nominator (Please Print or Type Name, Title, Department)

2. ___________________________
   Nominator (Please Print or Type Name, Title, Department)

1. ___________________________
   (Signature)

2. ___________________________
   (Signature)

ATTEST
Nominee:

________________________________  If Elected, I agree to serve out my full term on the School of Dentistry Faculty Council.

Name

________________________________  __________________
Signature  Date

This form must be returned to the Academic Senate Office, Box 0764 or Faxed to 476-9683 No later than April 25, 2002