2002
SCHOOL OF MEDICINE FACULTY COUNCIL
NOMINATION FORM

INSTRUCTIONS:
For each person you nominate, please provide at least five names of faculty from the School of Medicine who will support the nomination.

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

I (we) hereby nominate:

__________________________________________  ______________________________
(Nominee) (Department)

for election to the Faculty Council of the School of Medicine. (you must check only one.)

☐ Senate Representative (3 year term)
☐ Clinical Representative (3 year term)
☐ Adjunct Representative (3 year term)

Supporting Names

1. __________________________________________  1. ____________________________
   Nominator (Please Print or Type Name, Title, Department) (Signature)

2. __________________________________________  2. ____________________________
   (Please Print or Type Name, Title, Department) (Signature)

3. __________________________________________  3. ____________________________
   (Please Print or Type Name, Title, Department) (Signature)

4. __________________________________________  4. ____________________________
   (Please Print or Type Name, Title, Department) (Signature)

5. __________________________________________  5. ____________________________
   (Please Print or Type Name, Title, Department) (Signature)

ATTEST
Nominee:

__________________________________________
If Elected, I agree to serve out my full term on the School of Medicine 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