2002
SCHOOL OF PHARMACY FACULTY COUNCIL
NOMINATION FORM

INSTRUCTIONS:
For each person you nominate, please provide at least one name of a Faculty Member of the School of Pharmacy 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 a Senate representative. Faculty with a Clinical or Adjunct series appointment may nominate a Clinical/Adjunct representative.

I hereby nominate:

______________________________________________________

(Nominee)

1.___________________________________________________

(Supporting Names (one required))

1.________________________________

(Nominator (Please Print or Type Name, Title, Department))

1._______________________________

(Signature)

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

☐ Senate Representative/Department of Biopharmaceutical Sciences

☐ Senate Representative/Department of Clinical Pharmacy

☐ Clinical/Adjunct At-Large Representative

Supporting Names (one required)

1.________________________________

(Nominator (Please Print or Type Name, Title, Department))

1._______________________________

(Signature)

ATTEST
Nominee:

_______________________________

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