2003
COMMITTEE ON COMMITTEES
NOMINATION FORM - AT LARGE
To Fill Vacancy of Deborah Greenspan

INSTRUCTIONS:
Please provide at least five names and signatures of Senate Faculty who will support the nomination for each person you nominate. The nominee must sign this form attesting that he/she will serve, if elected.

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 or support the nomination of a Senate Member to serve on the Committee on Committees.

I (we) hereby nominate:

________________________________________________________________________________________________________________________________________________________________________

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

Supporting Names

ATTEST
Nominee: ___________________________  If Elected, I agree to serve out my full term on the Committee on Committees Name

Signature ___________________________ Date ___________________________

This form must be returned to the Academic Senate Office, Box 0764 or Fax to 514-3844
No later than October 6, 2003

9/22/03