



## SCHOOL OF MEDICINE FACULTY COUNCIL NOMINATION FORM 2004 (C)

**INSTRUCTIONS:**

Please provide four names and signatures of Faculty who will support the nomination of each person you nominate. The nominee must sign this form attesting that (s)he will serve, if elected.

I (we) hereby nominate:

(Nominee)	(Title)	(School)	(Department)
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for election to the School of Medicine Faculty Council to serve a three year term from September 1, 2004 through August 31, 2007.

### Nominator

\_\_\_\_\_  
Nominator (Please print or type Name, Title, Department)

\_\_\_\_\_  
Signature

### Supporting Faculty

\_\_\_\_\_  
(Please print or type Name, Title, Department)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Please print or type Name, Title, Department)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Please print or type Name, Title, Department)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(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, Attn. Liz Langdon-Gray  
No Later than Friday, May 28, 2004**