

STATE BOARD FOR COMMUNITY COLLEGES AND OCCUPATIONAL EDUCATION  
NOMINATION FOR COLLEGE ADVISORY COUNCIL

DATE OF SUBMISSION:

COLLEGE NAME:

PRESIDENT'S NAME:

**Nominee Information**

FULL NAME OF NOMINEE *(Include Salutation – Dr., Mr., Ms., etc.):*

CITY, STATE, ZIP:

NOMINEE E-MAIL ADDRESS:

REAPPOINTMENT            or            NEW APPOINTMENT

TERM: Commencing:    Ending:

PRESIDENTS' RATIONALE FOR NOMINATION  
*(Feel free to include a separate page if desired.):*