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

DATE OF SUBMISSION:
COLLEGE NAME:
PRESIDENT'S NAME:
Rhonda Opper
Nominee Information
FULL NAME OF NOMINEE (Include Salutation – Dr., Mr., Ms., etc.):
CITY, STATE, ZIP:
NOMINEE E-MAIL ADDRESS:
REAPPOINTMENT or NEW APPOINTMENT
ΓERM: Commencing: Ending:
(Example - Start: May 1, 2024. End: April 30, 2028.)
PRESIDENTS' RATIONALE FOR NOMINATION Feel free to include a separate page if desired.):