

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

DATE OF SUBMISSION:

COLLEGE NAME:

NAME OF NOMINEE:

CITY, STATE, ZIP:

NOMINEE E-MAIL ADDRESS:

TERM:

Commencing:

Ending:

EXPLANATION:                      Reappointment                      New Appointment

Replacing:                      N/A                      or

NOMINATED BY:

REASON FOR NOMINATION: *(Feel free to include separate page if so desired.)*