

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.):