NOMINATION FORM FOR FACULTY MEMBER OF CORFA/COTR COMMITTEES

We, the undersigned nominate_____ for a CORFA/COTR Committee.
(candidate's name)

Position _____

(NOTE: Nominees and nominators must be current Faculty Association members in good standing.)

THREE NOMINATORS REQUIRED

Nominators _____ (please print)
(name)
_____
(signature)

_____ (please print)
(name)
_____
(signature)

_____ (please print)
(name)
_____
(signature)

I,_____, accept the above nomination, for the Election of _____(meeting date), and if elected, intend to serve in and fulfill the responsibilities of the position for the total length of the term.