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INFORMATION REQUIRED FOR FACULTY TRUSTEE NOMINATION

Name: _____

Department and Campus: _____

Campus address (include office): _____

Campus telephone number: () _____

Home address: _____

Home telephone number: () _____

Names, addresses, and telephone numbers of five references:

Please check the boxes below:

I am a tenured, teaching faculty member with no administrative position other than department chair or equivalent.

I intend to serve the full two-year term if appointed by the Governor.

Signature

Date