



OFFICIAL NOMINATION FORM:
ADVISORY COMMITTEE FOR THE POSSIBLE
REAPPOINTMENT OF THE DEAN OF THE FACULTY OF
EDUCATION

To be completed in full, to contain the signatures of the nominee, the nominator, and two endorsers, all of whom are academic staff members holding the rank of **Full Professor, Associate Professor, Assistant Professor, Faculty Lecturer** in the Faculty of Education, and to be submitted to **Ms. Christine Chehadé**, Secretariat, Room 313, James Administration Building, no later than **12 (noon) on Friday, June 8, 2018.**

I NOMINATE THE FOLLOWING FACULTY MEMBER:

(Name of Nominee)

(University address and telephone number)

as a faculty representative to the Advisory Committee for the Possible Reappointment of the Dean of the Faculty of Education:

Signature of Nominator

Name (in print)

Signatures of Endorsers

Names (in print)

1.

2.

TO BE COMPLETED BY THE NOMINEE:

As a faculty member of the Faculty of Education, I consent to this nomination and agree to serve if elected.

Signature: _____

Date: _____