

**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:

*(Example - Start: May 1, 2024. End: April 30, 2028.)*

PRESIDENTS' RATIONALE FOR NOMINATION

*(Feel free to include a separate page if desired.):*