

Chancellor's Staff Advisory Council (CSAC)

Membership Nomination

Name:		Extension:	
Email:		Department:	
Position:		Payroll Title:	
Nominated By (check one):	Self	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	Name: <input style="width: 50px;" type="text"/> Dept: <input style="width: 50px;" type="text"/>
Reason why nominee is interested in serving on CSAC, or why nominator believes the nominee would be a good candidate for CSAC (attach separate page if necessary):			
Applicable skills or expertise:			
Campus issues that interest the nominee:			
Signatures (required):			
Nominee:		Date:	
Nominator:		Date:	
Nominee's Supervisor:		Date:	

Please return nomination form by **Tuesday, June 20, 2017**, to:

CSAC Nominations
c/o Mia Weber
MC 5200

Or send a scanned version to csac.ucsb@gmail.com