



Nominator:

Please complete this form to the best of your ability and return to Lisa Pollard Carlson via email at lpollard@ucmerced.edu. All information submitted will be kept confidential and will be reviewed by the Nomination Committee in summary form followed by a vote of the full board at their next scheduled meeting.

Candidate Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Title: _____ Company Name: _____

Industry: _____ If other industry, please specify: _____

How long have you worked within this profession?: _____

Previous Profession: _____

Email: _____ LinkedIn: _____

Cell Phone: _____ Twitter: _____

Business Phone: _____ Facebook: _____

Skype: _____

Ethnicity: _____ First Generation College Graduate: Yes No

Please attach the following with this form:

- . Biography
- . Awards and Presentations
- . Other Board Memberships / Positions Held

Nominated By: _____

Nomination Statement: