**UCOC NOMINATION REQUEST**

**Proposed Body/Committee/Task Force** (to be completed by COC analyst):

|  |  |
| --- | --- |
| Name of Proposed Body: |  |
| Purpose: |  |
| # of Nominations Requested: |  |
| Nominations Due |  |
| To UCOC: |  |
| To Requestor: |  |

**Proposed Representatives** (to be completed by Divisional COC representatives for submission):

|  |  |
| --- | --- |
| Name 1: |  |
| Department Affiliation: |  |
| Email address: |  |
| Phone Number: |  |
| Web site (if applicable): |  |
| Reason for Nomination :(brief description of nominee’s qualifications) |  |

|  |  |
| --- | --- |
| Name 2: |  |
| Department Affiliation: |  |
| Email address: |  |
| Phone Number: |  |
| Web site (if applicable): |  |
| Reason for Nomination :(brief description of nominee’s qualifications) |  |

|  |  |
| --- | --- |
| Name 3: |  |
| Department Affiliation: |  |
| Email address: |  |
| Phone Number: |  |
| Web site (if applicable): |  |
| Reason for Nomination :(brief description of nominee’s qualifications) |  |