

### Committee Member Nomination Form

Name of SEA Committee \_\_\_\_\_

Please complete the following information about the individual being nominated to the SEA Committee and submit to Department Head for approval.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

#### Related Experience and Employment

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What is this individual's interest in the \_\_\_\_\_ SEA Committee?

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How can this individual contribute to the \_\_\_\_\_ SEA Committee?

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#### Other Volunteer Commitments

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Nominated By \_\_\_\_\_ Date \_\_\_\_\_

#### Approvals Required:

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Associate Director \_\_\_\_\_ Date \_\_\_\_\_

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