UF Nomination Form

Date: _____

The following members of the United Faculty, do nominate:

_____

for the position of: _____

1. Print Name: _____

   Signature or Email Address: _____

2. Print Name: _____

   Signature or Email Address: _____

3. Print Name: _____

   Signature or Email Address: _____

4. Print Name: _____

   Signature or Email Address: _____

5. Print Name: _____

   Signature or Email Address: _____

6. Print Name: _____

   Signature or Email Address: _____

7. Print Name: _____

   Signature or Email Address: _____

8. Print Name: _____

   Signature or Email Address: _____

9. Print Name: _____

   Signature or Email Address: _____

10. Print Name: _____

    Signature or Email Address: _____

Where email addresses are provided rather than signatures, UF will seek email confirmations within two days to verify the nominations from members. Please return petition to the UF Office at DVC or by email: uf@uf4cd.org