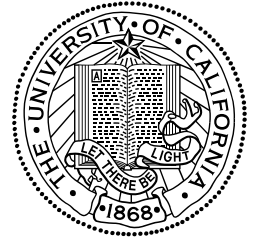


**UC COMMISSION ON THE FUTURE  
WORKING GROUPS NOMINATION FORM  
(8/09) UNIVERSITY OF CALIFORNIA**



Return form to [Marsha.Kelman@ucop.edu](mailto:Marsha.Kelman@ucop.edu)

<b>NOMINEE'S INFORMATION</b>	
NAME (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER (     )
PREFERRED MAILING ADDRESS (Number, Street)	
(City, State, ZIP)	EMAIL ADDRESS
CAMPUS/LABORATORY	DEPARTMENT/ORGANIZATION
OCCUPATION	TITLE

Area of Expertise \_\_\_\_\_  
\_\_\_\_\_

Suggested Workgroup for Nominee (Please enter a number for the workgroup you think would be best suited for the nominee—1 being the best fit, 2 being the second best fit, etc.)

- |                              |                              |
|------------------------------|------------------------------|
| ___ Size and Shape of UC     | ___ Access and Affordability |
| ___ Education and Curriculum | ___ Funding Strategies       |
| ___ Research Strategies      |                              |

Please provide a brief explanation of why your nominee should be included in the workgroup(s).

<b>NOMINATOR'S INFORMATION</b>	
NAME (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER
OCCUPATION	TITLE
EMAIL ADDRESS	