



Program Advisory Committee Nomination Form

The College of New Caledonia welcomes applications from those interested in volunteering their time, sharing their expertise, and helping the college and Program. The Vice President Academic approves all appointments to the Program Advisory Committees for terms up to three years. Please complete the following form and submit to the Dean of the program area.

Program Advisory Committee name: _____

Your name: _____

Company name: _____ Title/role: _____

Residential address: _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address _____

Professional experience and designations/memberships in professional organizations:

Please tell us why you are interested in volunteering on a CNC Program Advisory Committee:

As a member of a Program Advisory Committee, the College of New Caledonia may publish my name as a committee member on the CNC Website, and/or other printed material; including photo and/or biography.

SIGNATURE

DATE

TO BE COMPLETED BY CNC DEAN

Applicant's name: _____

Committee name: _____

Dean's name: _____

I nominate this applicant to the Program Advisory Committee: Yes: ☐ No: ☐

Reason for nomination (if applicable):

Reason for not nominating at this time (if applicable):

SIGNATURE

DATE