

Review Panel Nomination Form

Please complete for each proposed off campus nominee

Academic Program Being Reviewed: _____

Name of Nominee: _____

Campus: _____

Title or Rank: _____

Current Position: _____

Address: _____

City: _____ State: _____ Zip: _____

- Send completed Undergraduate form to: dennisn@csufresno.edu and lneal@csufresno.edu
- Send completed Graduate form to: sandraw@csufresno.edu and lneal@csufresno.edu