

# 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](mailto:dennisn@csufresno.edu) and [lneal@csufresno.edu](mailto:lneal@csufresno.edu)
- Send completed Graduate form to: [sharonb@csufresno.edu](mailto:sharonb@csufresno.edu) and [lneal@csufresno.edu](mailto:lneal@csufresno.edu)