

NOMINATION FORM

EVALUATION COMMITTEE FOR THE UNIVERSITY LIBRARIAN

NOMINEE

I, the undersigned, accept to be nominated and am willing to serve if elected to the Evaluation Committee for the University Librarian.

Name: _____

Signature _____

Date: _____

NOMINATORS

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Please return the form to Danielle Tessier (danielle.tessier@concordia.ca or Room GM 300-73, SGW Campus), no later than February 6, 2012, together with abbreviated CV or short biographical notes.