

2017 - 2018 COSA Representative Nomination Form

*Candidates may self-nominate or can be nominated by another person.
Please provide the following information for inclusion on the ballot.*

Nominee: Name (Please Print) _____

Current Title: _____ **Current Dept/Unit:** _____

Email: _____ **Phone:** _____

Length of Service: **In Dept/Unit:** _____ **At VSU:** _____

I understand that serving on COSA requires time to perform COSA-related responsibilities, including attending monthly COSA meetings, serving on COSA committees, and working on other COSA related teams and projects. I have discussed this with my supervisor who supports my nomination. COSA Representatives are elected for a (4) four year term.

Signature of Nominee: _____ **Date:** _____

If nominating someone else, please complete the section below:

Nominator: Name (Please Print) _____

Current Dept/Unit: _____

Current Title: _____ **Current Dept/Unit:** _____

Email: _____ **Phone:** _____

Signature of Nominator: _____ **Date:** _____

The question below must be completed by the Nominee. Please keep your response limited to approximately one paragraph or less.

What background and experience do you bring to COSA?