

2018 UC-CORO Systemwide Leadership Collaborative Nomination Form

Note: This form is intended for reference purposes only. Please submit your nomination information within the [2018 UC-CORO Online Nomination Form](#).

Nominator and Program Payment Information

1. Nominator First and Last Name *

2. Nominator Position *

- Chancellor or Cabinet Member
- Medical Center CEO or Cabinet Member
- Vice Provost or Dean of Academic School or Division

3. Nominator Title *

4. Nominator UC Email Address *

5. Nominator UC Office Phone Number *

XXX-XXX-XXXX

6. Executive Assistant First and Last Name *

7. Executive Assistant UC Email Address *

8. Executive Assistant UC Phone Number *

XXX-XXX-XXXX

9. Select how many fund accounts (FAUs) to recharge your location/department for the \$5000/participant program fee.

- At least one FAU is required
- Multiple FAUs can be used

*

1
2
3

10. FAU #1

1. List fund account (FAU) to recharge your location/department
2. If using multiple FAUs, please indicate % of costs to apply to each FAU

*

	FAU#	% of Funds to Apply
Fund Account 1	<input type="text"/>	<input type="text"/>

11. FAU #2 *

	FAU#	% of Funds to Apply
Fund Account 2	<input type="text"/>	<input type="text"/>

12. FAU #3 *

	FAU#	% of Funds to Apply
Fund Account 3	<input type="text"/>	<input type="text"/>

Nominee Information and Nominator Approval Signature

13. Nominee First Name *

14. Nominee Last Name *

15. Nominee UC Location *

ANR
LBNL
UCB
UCD Campus
UCD Health
UCI Campus
UCI Health Sciences
UCI Health Center
UCLA Campus
UCLA Health
UCM
UCSB
UC SC
UCSD Campus
UCSD Health
UCSF Campus
UCSF Health Center
UCR
UCOP

16. Nominee is a Direct Report of which of the following: *

- Chancellor or Cabinet Member
- Medical Center CEO or Cabinet Member
- Vice Provost or Dean of Academic School or Division

17. Nominee Title *

18. Years in Current Position *

19. Division/Department *

20. UC Email Address *

21. UC Office Phone Number *

22. This nominee has the full support and commitment to complete all [program participant requirements](#). *

Your Full Name

Your Title

Signature of
Submission and
Approval