

# 2019 UC-CORO Systemwide Leadership Collaborative Nomination Form

## Nominator and Program Payment Information

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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"/>

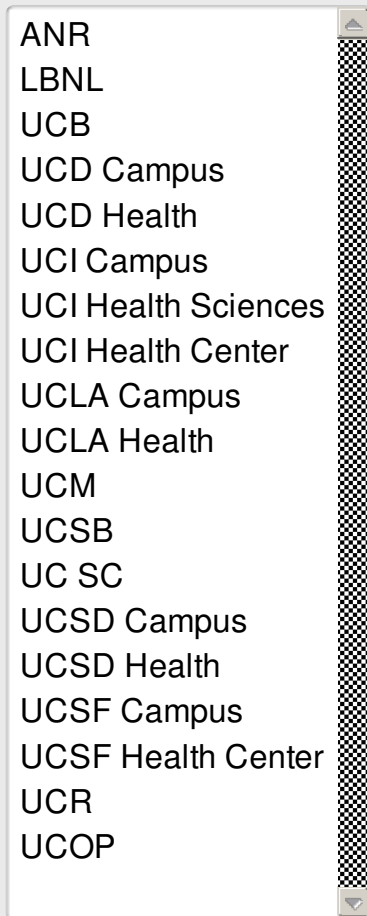
**Nominee Information and Nominator Approval Signature**

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13. Nominee First Name \*

14. Nominee Last Name \*

15. Nominee UC Location \*



A dropdown menu with a list of UC locations. The list includes: 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, and UCOP. The menu has a scroll bar on the right side.

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. In two or three sentences, describe how this nominee shows evidence of leadership experience or potential to make an active contribution to UC. \*

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

Your Full Name

Your Title

Signature of  
Submission and  
Approval