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 *

6. Executive Assistant First and Last Name *

7. Executive Assistant UC Email Address *

8. Executive Assistant UC Phone Number *

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
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

<table>
<thead>
<tr>
<th>FAU#</th>
<th>% of Funds to Apply</th>
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</thead>
<tbody>
<tr>
<td>Fund Account 1</td>
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</tbody>
</table>

11. FAU #2 *

<table>
<thead>
<tr>
<th>FAU#</th>
<th>% of Funds to Apply</th>
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</thead>
<tbody>
<tr>
<td>Fund Account 2</td>
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</tr>
</tbody>
</table>

12. FAU #3 *

<table>
<thead>
<tr>
<th>FAU#</th>
<th>% of Funds to Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Account 3</td>
<td></td>
</tr>
</tbody>
</table>

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 *

XXX-XXX-XXXX
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. *

<table>
<thead>
<tr>
<th>Your Full Name</th>
<th>Your Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Submission and Approval</td>
<td></td>
</tr>
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</table>