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|  | | | | | |
|  |  | | **Date:** | |  |
| **Candidate’s name:** |  |  | |  | |
|  | **First Middle Last** | | | | |
| **Candidate’s Institution:** |  | | | | |
| **Proposed Committee:** |  | | | | |
| **Endorser’s Name:** | (enter name and hit tab) |  | |  | |
|  | **First Middle Last** | | | | |
| **Position/Title:** |  | | | | |
| **Institution:** |  | | | | |
| **Address:** |  | | | | |
| **Email:** |  | | **Phone:** | |  |
|  | | | | | |
| **Affiliation with candidate:** | | | | | |
| **Please explain, in your opinion, the candidate’s ability to carry out committee responsibilities:** | | | | | |
| **Comments on any special qualifications that might help the Committee on Committees in its selection process:** | | | | | |