NOMINATING PETITION
2019 Election Information
UIC Academic Professional Advisory Committee (APAC) Membership

The committee represents all APs at UIC. Academic Professionals who are visiting and permanent make up the electorate and are therefore eligible to vote and to be candidates for election. Three representatives will be elected to serve for the 2019-2022 term.

Members of the electorate who do not hold a continuing position on APAC and who wish to become a candidate for this election may do so by filling out this Nomination Petition. The nomination must include a personal statement and the name and signature of ten endorsers who are academic professionals.

Completed petitions must be received by **5pm on Friday June 28, 2019**. Send your completed nomination petition by email to Mary Berta, mberta@uic.edu. The receipt of your election packet will be confirmed by e-mail. If you do not receive a confirmation, please notify Mary at mberta@uic.edu

This petition supports the nomination of:

Name:_____

UIN:_____

Academic Professional Title:_____

Department:_____

School/College:_____

Campus Mail Code: _____ Campus Phone:_____

E-mail:_____@uic.edu

Statement: In 100 words or less, explain why you are interested in serving on the UIC Academic Professional Advisory Committee (APAC). Please type or print clearly; your statement will be incorporated into the Election Ballot. An electronic version of this statement should be sent to Mary Berta, mberta@uic.edu.

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_ Signature:_____Date:_____/_____/2019

Endorsements: To endorse a nomination, you must be a member of the UIC academic professional staff. You may endorse as many nominees as you wish.

1. Name:_____

Signature:_____

Academic Professional Title:_____

Campus Mail Code:_____ Campus Phone:_____

E-mail:_____@uic.edu

2. Name:_____

Signature:_____

Academic Professional Title:_____

Campus Mail Code:_____ Campus Phone:_____

E-mail:_____@uic.edu

3. Name:_____

Signature:_____

Academic Professional Title:_____

Campus Mail Code:_____ Campus Phone:_____

E-mail:_____@uic.edu

4. Name:_____

Signature:_____

Academic Professional Title:_____

Campus Mail Code:_____ Campus Phone:_____

E-mail:_____@uic.edu

5. Name:_____

Signature:_____

Academic Professional Title:_____

Campus Mail Code:_____ Campus Phone:_____

E-mail:_____@uic.edu

6. Name:_____

Signature:_____

Academic Professional Title:_____

Campus Mail Code:_____ Campus Phone:_____

E-mail:_____@uic.edu

7. Name:_____

Signature:_____

Academic Professional Title:_____

Campus Mail Code:_____ Campus Phone:_____

E-mail:_____@uic.edu

8. Name:_____

Signature:_____

Academic Professional Title:_____

Campus Mail Code:_____ Campus Phone:_____

E-mail:_____@uic.edu

9. Name:_____

Signature:_____

Academic Professional Title:_____

Campus Mail Code:_____ Campus Phone:_____

E-mail:_____@uic.edu

10. Name:_____

Signature:_____

Academic Professional Title:_____

Campus Mail Code:_____ Campus Phone:_____

E-mail:_____@uic.edu