

NOMINATION FORM

Adult Education and Literacy Advisory Committee to the Virginia Board of Education

Please provide the following information to place a name in nomination for the advisory committee. You may attach a resume or letters of support (both are optional). Self-nomination is acceptable.

TERMS OF OFFICE are for one, two, or three years. The term will be assigned at the time of appointment.

Name: _____

Address: _____

City/State/Zip: _____

E-mail Address: _____

Daytime Phone Number: _____

Fax Number: _____

Occupation and Position: _____

Please provide any experience the nominee has related to adult education and family literacy.

Why would the nominee like to serve on this advisory committee?

Signature of Person
Making Nomination

Printed Name of Person
Making Nomination

Telephone No.

Date

Please return this form by January 15, 2002, to:

Dr. Yvonne V. Thayer, Director
Office of Adult Education and Literacy
Virginia Department of Education
P.O. Box 2120
Richmond, VA 23218-2120