**Nomination Form for 2017 Ballots for CCCC Offices**

Copy this form for as many nominations as you wish to make, and circulate copies of it with the call for nominations to your colleagues. All nominations will be treated as confidential.

**Nomination for the office of** (check one):

|  |  |
| --- | --- |
|  | Assistant Chair |
|  | Executive Committee**\*** |  | Graduate Student |
|  | Nominating Committee |

**\*NOTE: On the 2017 ballot, one elected position for the Executive Committee will be open to a graduate student (candidates must be graduate students at the time of election).**

**Please provide** the following information to ensure that all potential candidates are evaluated on the same criteria:

|  |  |
| --- | --- |
| **Name of Nominee** |  |
| **Institutional Affiliation** |  |
| **City/State** |  |
| **Phone** | Office:  Home:  Cell: |
| **E-mail** |  |
| **Main Level of Current Professional Work**  **Elementary, Middle, Secondary,**  **Two-Year College, or College** |  |
| **Year Nominee Entered Profession** |  |
| **Race/Ethnicity** |  |
| **Nominee’s Service to NCTE/CCCC** |  |
| **Content/Topical Interest of Nominee** |  |
| **Comments in support of nomination**  **(please send resume, if available)** |  |
| **(Optional) Nominated By** |  |
| **Nominator Phone** |  |
| **Nominator Email** |  |

Return this form with nominations for any of the above offices

(with resumes) **by February 20, 2017,** to the CCCC Elections Office:

1111 W. Kenyon Road, Urbana, IL 61801 Fax: 217-278-3761 E-mail: cccc@ncte.org