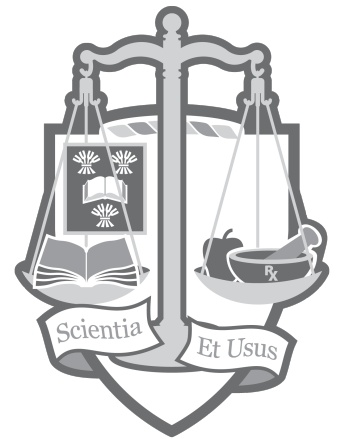


SPNSS

STUDENT-FACULTY LIAISON NOMINATION FORM



Nominee: _____

NSID: _____

Program: _____

Year of Study: _____

Position: Student-Faculty Liaison

Five Signatures from SPNSS Members:

1)

2)

3)

4)

5)

Two Signatures from Faculty Members:

1)

2)

Signature of one of the SPNSS Co-Presidents: _____

Signature of Nominee: _____

Date: _____

