



**BUTLER
UNIVERSITY**

COLLEGE OF PHARMACY AND HEALTH SCIENCES

Board of Visitors Nomination

CONTACT INFORMATION FOR THE NOMINATOR

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

CONTACT INFORMATION FOR NOMINEE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Service/Employment in the field of Health Science	Years
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please submit this completed form along with any supporting materials to: cophsdean@butler.edu



Board of Visitors Nomination

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