

Administrator's Nomination for Building Curator

Building:	
Administrator's Name:	
Title:	
Department:	
Recommended Building Curator:	
Title:	
Department:	
Office Phone Number / Fax Number:	
eMail Address:	
Emergency Cell or Home Phone Number:	
effective on: Nominated By:	Curator's Acceptance:
Signature	Signature
Print Name	Print Name
Date	Date
	Associate Vice President's Review:
	Doug Pearson, Ph. D.
	Name
	Signature
	Date Approved? (circle one) YES NO

If not approved, identify interim appointee