

PRESIDENT ELECT (VOTE FOR ONE)NAME: Jeffrey Jordan DEPARTMENT: Philosophy Dept.RANK: Professor DATE OF HIRE (FULL TIME): 9/1990HAVE YOU SERVED ON A SENATE COMMITTEE(S) IN THE PAST? X YES ___ NO

IF YOU ANSWERED "YES" PLEASE COMPLETE THE FOLLOWING:

	<u>COMMITTEE NAME</u>	<u>ACADEMIC YEAR</u>	<u>(MEMBER, CHAIRPERSON, ETC.)</u>
1.	<u>Undergraduate Studies Committee</u>	<u>2004-2005</u>	<u>Member & Chair</u>
2.	<u>Coordinating Committee on Education</u>	<u>2004-2005</u>	<u>Member</u>
3.	<u>Executive Committee</u>	<u>2001-2003</u>	<u>Member</u>
4.	<u>Faculty Welfare & Privileges</u>	<u>2009-2010</u>	<u>Member</u>
5.	<u>Library Committee</u>	<u>1991-2001</u>	<u>Member & Chair</u>
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

PLEASE USE THIS SPACE FOR ANY COMMENTS YOU MAY HAVE CONCERNING YOUR QUALIFICATIONS FOR THIS POSITION.

NAME: _____ DEPARTMENT: _____

RANK: _____ DATE OF HIRE (FULLTIME): _____

HAVE YOU SERVED ON A SENATE COMMITTEE(S) IN THE PAST? ___ YES ___ NO

IF YOU ANSWERED "YES" PLEASE COMPLETE THE FOLLOWING:

	<u>COMMITTEE NAME</u>	<u>ACADEMIC YEAR</u>	<u>(MEMBER, CHAIRPERSON, ETC.)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

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UNIVERSITY VICE PRESIDENT (VOTE FOR ONE)

NAME: Belinda Orzada DEPARTMENT: Fashion & Apparel Studies NAME: _____ DEPARTMENT: _____

RANK: Full Professor DATE OF HIRE (FULL TIME): 9/1994 RANK: _____ DATE OF HIRE (FULL TIME): _____

HAVE YOU SERVED ON A SENATE COMMITTEE(S) IN THE PAST? X YES ____ NO HAVE YOU SERVED ON A SENATE COMMITTEE(S) IN THE PAST? __ YES __ NO

IF YOU ANSWERED "YES" PLEASE COMPLETE THE FOLLOWING:

IN WHAT CAPACITY?		
COMMITTEE NAME	ACADEMIC YEAR	(MEMBER, CHAIRPERSON, ETC.)
1. <u>Coordinating Cte. on Education</u>	<u>2005-2010</u>	<u>Member</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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IF YOU ANSWERED "YES" PLEASE COMPLETE THE FOLLOWING:

IN WHAT CAPACITY?		
COMMITTEE NAME	ACADEMIC YEAR	(MEMBER, CHAIRPERSON, ETC.)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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Other: Associate chair and graduate studies director for FASH

COMMITTEE ON COMMITTEES AND NOMINATIONS CHAIR (VOTE FOR ONE)

NAME: Don Lehman DEPARTMENT: Medical Technology

RANK: Asst. Professor DATE OF HIRE (FULL TIME): July 16, 1990

HAVE YOU SERVED ON A SENATE COMMITTEE(S) IN THE PAST? X YES NO

IF YOU ANSWERED "YES" PLEASE COMPLETE THE FOLLOWING: IF YOU ANSWERED "YES" PLEASE COMPLETE THE FOLLOWING:

IN WHAT CAPACITY?		
COMMITTEE NAME	ACADEMIC YEAR	(MEMBER, CHAIRPERSON, ETC.)
1. <u>Grade Inflation Cte.</u>	<u>2003-05</u>	<u>Member and Chair</u>
2. <u>Faculty Senate</u>	<u>2001-05</u>	<u>Senator</u>
3. <u>Faculty Senate</u>	<u>2005-2007</u>	<u>Secretary</u>
4. <u>Faculty Senate</u>	<u>2007-2009</u>	<u>Secretary</u>
5. <u>Faculty Senate</u>	<u>2009-2010</u>	<u>Committee On Committees</u> <u>And Nominations Chair</u>
6. <u> </u>	<u> </u>	<u> </u>
7. <u> </u>	<u> </u>	<u> </u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

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NAME: DEPARTMENT:

RANK: DATE OF HIRE (FULLTIME):

HAVE YOU SERVED ON A SENATE COMMITTEE(S) IN THE PAST? YES NO

IF YOU ANSWERED "YES" PLEASE COMPLETE THE FOLLOWING:

IN WHAT CAPACITY?		
COMMITTEE NAME	ACADEMIC YEAR	(MEMBER, CHAIRPERSON, ETC.)
1. <u> </u>	<u> </u>	<u> </u>
2. <u> </u>	<u> </u>	<u> </u>
3. <u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u> </u>	<u> </u>
5. <u> </u>	<u> </u>	<u> </u>
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7. <u> </u>	<u> </u>	<u> </u>
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COMMITTEE ON COMMITTEES AND NOMINATIONS MEMBER AT LARGE (VOTE FOR ONE)

NAME: Steve Eidelman DEPARTMENT: Human Development & Family Studies

RANK: Professor DATE OF HIRE (FULL TIME): Sept. 1 2005

HAVE YOU SERVED ON A SENATE COMMITTEE(S) IN THE PAST? YES X NO

NAME: DEPARTMENT:

RANK: DATE OF HIRE (FULLTIME):

HAVE YOU SERVED ON A SENATE COMMITTEE(S) IN THE PAST? YES NO

IF YOU ANSWERED "YES" PLEASE COMPLETE THE FOLLOWING:

IN WHAT CAPACITY?		
COMMITTEE NAME	ACADEMIC YEAR	(MEMBER, CHAIRPERSON, ETC.)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
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