**CONFIDENTIAL**

**UNIVERSITY OF LAGOS**

**ELECTION OF SUB-DEAN**

**PROPOSAL FORM**

I. NAME OF FACULTY…………………………………………………………………………

II. **NAME OF NOMINEE FOR THE POST OF SUB-DEAN:**

…………………………………………………………………………………………………….

 SURNAME FIRST NAME OTHER NAME TITLE

(Please write in Block Letters)

 DEPARTMENT ……………………………………………………………………………….

 Telephone………………………Unilag E-MAIL ADDRESS…………………………

III. NAME OF PROPOSER: ……………………………………………………………………….

(Please write in Block Letters)

DEPARTMENT …………………………………………………………………………………

SIGNATURE: ……………………………………………………………………………… …..

IV. NAME OF SECONDER: ………………………………………………………………………..

(Please write in Block Letters)

DEPARTMENT ………………………………………………………………………………….

SIGNATURE: ……………………………………………………………………………………

V. SIGNATURE OF NOMINEE TO INDICATE

ACCEPTANCE OF NOMINATION: …………………………………………………………..

DATE: ……………………………………………………………………………………………