**CONFIDENTIAL**

**UNIVERSITY OF LAGOS**

**ELECTION OF DEAN**

**PROPOSAL FORM**

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

II. **NAME OF NOMINEE FOR THE POST OF 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: …………………………………………………………………………………………