Texas Higher Education Coordinating Board

Apply Texas Advisory Committee Nomination Form

Prefix	*First Name*	*Last Name*
Select Prefix		
Gender	***Ethnicity***	
Select Gender	Select Ethnicity	

Institution Name	
Institution Address	
City	***Zip***
Email	***Phone***

In the event that a nominee is selected for a committee, my institution agrees to provide appropriate time and travel support. By signing, I agree to provide support for the nominee to attend committee meetings.

Signature of Institution CAO / CIO / Designee

Date

Email nomination form to: applytexasapplication@thecb.state.tx.us