



Recommendation for Appointment to Program Advisory Committee

1. Advisory Committee:	
2. Information re: Advisory Committee Member	Name: _____
	Mailing Address: _____
	Telephone: _____ (Bus) _____ (Res)
	Fax: _____ Email: _____
	Occupation: _____
	Resume Submitted: Yes: _____ No: _____
	Title, Firm, Location: _____
Northern College Graduate: Yes: _____ No: _____	
Program: _____	
Year: _____ Campus: _____	
3. Source of Recommendation:	
4. Expected Date of Appointment:	
I agree to serve on this committee:	
_____ Nominee	_____ Date
_____ Dean	_____ Date
_____ Vice President Academic & Student Success	_____ Date

Note: This information is collected under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, Chapter 19, S.5, R.R.O. 1980, Reg.640. The personal information will be used to determine eligibility to serve on Advisory Committee(s); to maintain record of committee members for contact and communication and professional/social activities. Any queries may be directed to the FOI Coordinator, Northern College, P.O. Box 3211, Timmins, ON P4N 8R6. Telephone (705) 235-3211.

Once signatures have been obtained, the Department will submit along with this form and supporting documentation, a full list of the Advisory Committee indicating member being replaced, if applicable, by this recommendation, to the Board Office. (Revised Dec 5/12)