



The Western Association for College Admission Counseling

CANDIDATE SUPERVISOR APPROVAL FORM 2019-2020

The leadership and membership of WACAC appreciate the support that an institution or organization will be giving to those who serve our over 2,000 members in elected and appointed positions. Our organization aims to be the leading voice in college access issue in California and Nevada. The strength of our organization lies in the passion and commitment of our volunteers.

Candidate name:

Title:

Organization:

Address:

Office Phone:

Cell Phone:

email address:

The candidate is seeking nomination for:

WACAC President

Assembly Delegate

If nominated and elected, this person would begin serving WACAC in May 2019 and would complete his/her service in May/June 2022. Costs relative to this person's service will be paid by WACAC, under policies outlined by the WACAC Fiscal Policy Committee. The candidate is responsible for reviewing the job description and requirements for the position with his/her supervisor. All who serve as President or Assembly Delegate must be voting members of WACAC and the National Association for College Admission Counseling. **Note for Assembly Delegate Candidates - Supervisor Approval Form will be a requirement pending Proposed Summer 2019 Bylaw Revisions.**

I have reviewed the responsibilities of this position and give my institution's full support for him/her to run for this office and, if elected, to participate in all required meetings and activities.

Supervisor signature:

Supervisor Name:

Date:

**This completed form must be completed and returned to the
Governance and Nomination Committee Chair, Sonia Ryan,
sryan@stmchs.org**