



Faculty Senate Senator Replacement Form

Faculty Senate Senator Resigning:	
Date:	
Name:	Title:
Department:	College/School:
Telephone:	Fax #
Email address:	Zip+4:

Faculty Senate Senator Resigning:	
Date:	
Name:	Title:
Department:	College/Unit:
Telephone:	Fax #
Email address:	Zip+4:

Faculty Senate Senator Resigning:	
Date:	
Name:	Title:
Department:	College/School:
Telephone:	Fax #
Email address:	Zip+4:

All completed replacement forms will need to be faxed to Latrecia Rice at 407-823-0319.