



**PO BOX 7841**  
**MADISON, WI 53707-7841**

Section 15.04(1)(c), Wisconsin Statutes, authorizes the head of a department or independent agency to create and appoint such councils or committees as required in the operation of the department. Members of councils and committees created under this general authority, including statutory councils, shall serve without compensation but may be reimbursed for actual and necessary expenses. All groups created by the state superintendent or authorized by statute are considered the state superintendent's advisory councils.

Nominees to serve on state superintendent's advisory councils should reflect an overall representation when assessed in terms of geographic location, and racial and gender balance. All nominees must be knowledgeable of the purpose for the committee to which they are being appointed and willing to commit to the time needed to accomplish the work involved.

**I. GENERAL INFORMATION**  
*For DPI Completion*

Committee Name	DPI Liaison <i>First &amp; Last Name</i>
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Committee established by

<input type="checkbox"/> State Requirement	<input type="checkbox"/> Federal Regulations	<input type="checkbox"/> DPI Identified Need	<input type="checkbox"/> Governor's Office
<input type="checkbox"/> Joint State Agency Planning Effort	<input type="checkbox"/> Other <i>Specify:</i>		

Committee Status is regarded as <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Number of Meetings Planned <i>Per Year</i>	Total Membership
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Mission of Committee

**II. NOMINEE INFORMATION**

First Name	Middle Initial	Last Name	<i>Check One</i> <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs	<i>Check One</i> <input type="checkbox"/> Self-nomination <input type="checkbox"/> Nomination by an organization <input type="checkbox"/> Nomination by another individual or affiliation
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Working Title of Nominee <i>If applicable</i>	E-Mail Address of Nominee	Nominee Phone <i>Area/No.</i>	Date of Birth <i>Mo./Day/Yr.</i>
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Address of Nominee <i>Street, City, State, Zip</i>	School District in Which Nominee Resides
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<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic/Latino	Disability Status <b><i>Requested only if a requirement for membership</i></b>
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White		

**For Parent/Legal Guardian Nominees Only**

Grade Level(s) of Nominee's School-Age Children	School District of Attendance
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**III. ORGANIZATION INFORMATION**  
*If nominated by organization or affiliation.*

Name of Organization	Contact Person <i>First &amp; Last Name</i>	Phone <i>Area/No.</i>
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**IV. STATEMENT OF QUALIFICATION / INTEREST**

Briefly describe nominee's qualifications to serve on committee. If you are nominating yourself, tell us why you are interested.

**V. SIGNATURE**

Signature of Person Making Nomination or Nominee if Self-nomination  ➤	Date Signed <i>Mo./Day/Yr.</i>
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