

**LSU Health Sciences Center in New Orleans
FACULTY SENATE
PROXY FORM: APPOINTMENT OF PROXY SENATOR**

I hereby designate and appoint to serve as my alternate and proxy at a meeting of the Faculty Senate of the LSUHSC-NO to be held on _____, 20____, or any adjournment thereof.

(Print name of the designated proxy / alternate)

I certify that the named alternate is a full-time member of the faculty of the Faculty Organization I represent.

Date: _____

School/Faculty Organization: _____

(Signature of Senator granting proxy)

(Print name of Senator granting proxy)