



**TECHNICAL COLLEGE SYSTEM OF GEORGIA**  
**LOCAL BOARD APPOINTMENT/REAPPOINTMENT/REPLACEMENT FORM**

**Submission timetables:** All local board application forms and required documents must be submitted to the office of the Technical College Directors' Association (TCDA) 30 days prior to the State Board meeting based on the following parameters:  
**New Appointments:** May (for next fiscal year); August, September, November, and December  
**Reappointments:** May for board members eligible for a second or third term  
**Replacements:** candidate applications are eligible any month the State Board meets  
**Exceptions:** Written requests from the college president for an exception to the board appointment timeframes should accompany a candidate application.  
All board appointments will have a beginning term of July 1st regardless of the month they are appointed.  
  
*Please submit original signed form to: **Technical College Directors Association**  
**1800 Century Place NE ~ Suite 275 Atlanta, Georgia 30345***

**College Submitting Request:** \_\_\_\_\_

**Submission Category:** (*attach resume for first time and replacement candidates*)

1. Candidate is being submitted as: (*please check the appropriate box*)  
 Appointment     Re-appointment    \*  Replacement (*to complete term of departing board member*)
2. Candidate does not reside on the college foundation board of trustees     Affirmed

**Candidate for Appointment/Reappointment/Replacement:**

3. Name (include title Mr. /Ms. /Dr.): \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

*Please indicate Home (H) or (W)*

5. Contact Phone: #: \_\_\_\_\_

6. E-mail Address: \_\_\_\_\_

7. County represented: \_\_\_\_\_

**For Appointment/Reappointment:** Indicate Year of Term Expiration: \_\_\_\_\_

**For Reappointments:** This will be the appointee's: (*please check the appropriate box*)

- 1<sup>st</sup> term     2<sup>nd</sup> Term     3<sup>rd</sup> Term     4<sup>th</sup> Term (*requires a letter from the president explaining need*)

**For Replacement Candidates:**

Name of resigning Board Member: \_\_\_\_\_

Indicate year of replacement term expiration: \_\_\_\_\_

**Recommended by:** (*please check the appropriate box*)

- Current Board Member     Local Chamber     Local Development Authority   
Other  If "Other" please name \_\_\_\_\_

**State Board member consulted on candidacy:** \_\_\_\_\_

College President

(Signature)

Date