GSA Director Nomination Form

We, the undersigned members of the Graduate Student Association-University of Waterloo,

Hereby nominate ________________________________
of the Faculty of ________________________________
in the Department of ________________________________
For the position of Director, with a term in office beginning May 1, 2019 and
ending (choose one):      ____April 30, 2020              ____April 30, 2021

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<th>Name</th>
<th>Signature</th>
<th>Faculty</th>
<th>ID Number</th>
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I, the nominated candidate, give my consent to this nomination,

Signature (required): ________________________________
Home Address (required): _______________________________
Phone Number (required): _______________________________
Student ID Number (required): ___________________________
Email (required): _________________________________
Office (optional): ________________________________
Office Phone Ext. (optional): __________________________

A GSA member can nominate a maximum of two candidates for Director positions.

Please return this completed form, in a sealed envelope, to:

The Chief Returning Officer
GSA Office, MC 2029
University of Waterloo,
Waterloo, Ontario N2L 3G1