



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

	Name	Signature	Faculty	ID Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

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