



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 GSA Director, with a term in office:

(Choose one) ending April 30, 2018 ending April 30, 2019

	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 Address (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:

GSA Chief Returning Officer, COM 130, University of Waterloo, Waterloo, ON. N2-3G1.