



## 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, 2020 and ending (*choose one*)  April 30, 2021  April 30, 2022.

|    | 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