Graduate Students’ Association

2020 ELECTION NOMINATION FORM

**All nominators must be currently registered graduate students at Carleton University.**

## **Return by 4:00pm on Friday March 6, 2020,to the GSA Office at 600 UC, Carleton University.**

|  |  |  |  |  |  |  |  |  |  |  |
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| Candidate’s Name | | | | | Signature | | | Student # | | |
| Department and Degree | | | | | E-mail | | | Phone (mobile/ school) | | |
| **1st Nominator’s Name** | | | | | Signature | | | Student # | | |
| Department and Degree | | | | | E-mail | | | Phone (mobile/ school) | | |
| **2nd Nominator’s Name** | | | | | Signature | | | Student # | | |
| Department and Degree | | | | | E-mail | | | Phone (mobile/ school) | | |
|  | **Name (please print)** | | | **Department** | | | **Signature** | | **Student #** | |
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| **POSITION SOUGHT (select ONE only)**  PRESIDENT VP-EXTERNAL VP-FINANCE VP-OPERATIONS  SENATE GRAD FACULTY BOARD VP-ACADEMIC | | | | | | | | | | |
| **This Line For Office Use Only** | | Date Received | Received by: | | | Comments: | | | | Verified by: (initials) |

**Note only 12 nominators are required. You may provide additional nominators as alternates.**

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|  | **Name (please print)** | **Department** | **Signature** | **Student #** |
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