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.**

|  |  |  |
| --- | --- | --- |
| 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 #** |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| **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.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name (please print)** | **Department** | **Signature** | **Student #** |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |
| 21 |  |  |  |  |
| 22 |  |  |  |  |
| 23 |  |  |  |  |
| 24 |  |  |  |  |
| 25 |  |  |  |  |
| 26 |  |  |  |  |
| 27 |  |  |  |  |
| 28 |  |  |  |  |
| 29 |  |  |  |  |
| 30 |  |  |  |  |
| 31 |  |  |  |  |
| 32 |  |  |  |  |

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