

University of Manitoba Graduate Students' Association 2018/2019 NOMINATION FORM

Name: _____ Department: _____

Email address: _____ Requested Position: _____

Signature: _____ Date: _____ Student # _____

Qualifications:

All candidates applying for a position on UMGSA Council must meet the following criteria:

- Be a registered student in the Faculty of Graduate Studies and the department you are requesting to represent
- The undersigned must be from the department you are requesting to represent
- The signatures must be verified by the secretary for the graduate student departmental office

For a complete set of UMGSA council requirements and job description, please refer to the UMGSA governance documents on the UMGSA website: www.umgsa.org

We, the undersigned, nominate _____, for the position of _____

	NAME (PRINT)	DEPT	STUDENT #	SIGNATURE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Verified by departmental Staff Person who works with Grad students: (My contact between department and UMGSA)

Print Name	Signature	Date
Department	email address	Phone number

Received by UMGSA Office Manager: _____ Date: _____

University of Manitoba Graduate Students' Association 2018/2019 Election Results Form

Name of the individual elected for the 2018/2019 term: _____

Department: _____ Student Number: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

Does your department have a graduate student association or group? YES No

If yes please attach the minutes of a meeting ratifying the election results

If no, please have the secretary verify the identity of the election results by signing below

Departmental Staff Person's Signature to verify election results:

Name: _____ Signature: _____

Date: _____

Departmental Staff Person for GSA Contact Purposes:

Name: _____ Signature: _____ Date: _____

Department: _____ Email: _____ Phone: _____

Received by UMGSA Office: _____ Date: _____
Office Manager Signature