University of Manitoba Graduate Students' Association 2019/2020 NOMINATION FORM

Name:	Depar	Department:		
Email address:	Reque	Requested Position:		
Signature:	Date:	St	udent #	
Qualifications: All candidates applying for a position on Be a registered student in the Fa The undersigned must be from th The signatures must be verified by	culty of Graduate Studies ne department you are requ	and the department you esting to represent	are requesting to represent	
For a complete set of UMGSA council req on the UMGSA website: www.umgsa.org	quirements and job descrip	tion, please refer to the	UMGSA governance documents	
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 UMGSA)			between department and	
Print Name	Signature		Date	
Department	email address		Phone number	

Received by UMGSA Office Manager:	Date:			
	lents' Association 2019/2020 Election Results Form			
Name of the individual elected for the 2019/2020	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 P	urposes:			
Name: Signature:	Date:			
Department:Email:	Phone:			
Received by UMGSA Office: Office Manager Sign	Date: nature			