

GSA Council Proxy Waiver Form

To Chair of GSA Council,

BE IT KNOWN, that I, _____, GSA Councillor from
the Department of _____, do hereby grant my proxy vote
to _____, from the Department of
_____, for the _____
(Date of Council meeting)

GSA Council meeting to vote on my behalf while absent.

Name of GSA Councillor: _____

Signature of GSA Councillor: _____

Email Address of GSA Councillor: _____

Date: _____

Name of Proxy: _____

Signature of Proxy: _____

Email Address of Proxy: _____

Date: _____