

EXECUTIVE POSITION NOMINATION FORM

We, the undersigned, nominate: _____ (Name)

For the position of: _____

***PLEASE NOTE:** Students may sign more than one nomination form for different positions but cannot nominate more than one candidate per position.

	STUDENT NUMBER	STUDENT NAME	FACULTY
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IMPORTANT INFORMATION ON THE BACK

Candidate Information: Please Print Clearly

Student #: _____ Phone: () _____

Email: _____

I _____ (Candidate Name) on this
_____ day of February 20____, do hereby accept the nomination for the position of
_____ (Position) after having read and
understood the elections Bylaws which is available at www.busu.ca

Candidate's Signature: _____

IMPORTANT INFORMATION

1. Candidates may not nominate themselves.
2. **All election forms must be emailed to the Returning Officer during office hours for approval.**
3. Any questions or concerns regarding the elections process must be brought to the Returning Officer only and not to the regular BUSU staff. You may reach the RO through email: election@busu.ca

Completed package reviewed & received by Returning Officer

Date _____ Time _____

Returning Officer signature: _____

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