

# DIRECTOR, SENATOR, BOARD 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
1			
2			
3			
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## Candidate Information: Please Print Clearly

Student #: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

I \_\_\_\_\_ (Candidate Name) on this \_\_\_\_\_ day of February 2023,  
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](http://www.busu.ca)

Candidate's Signature: \_\_\_\_\_

**IMPORTANT INFORMATION**

1. Candidates may not nominate themselves.
2. Candidates for director positions must obtain 15 valid nominations. Except for the Graduate Studies Director who needs 5 valid nominations.
3. **Candidates must be a self-identified member of the constituency one is being nominated to represent if they are being nominated for a Community Representative position.** For example, one must be living in one of the three residence halls on Brandon University campus for the entirety of the regular session to be nominated for Residence Director.
4. Faculty and community group directors, and senators must be nominated by students in their faculty or constituency.
5. **All election forms must be emailed to the Returning Officer or handed in at the BUSU office during office hours for approval.**
6. 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](mailto:election@busu.ca)
7. By signing this package you consent to The Registrar's Office confirming that you are a BU student in good standing (minimum 2.0 GPA and no academic or non-academic notations on record.)

**Completed package reviewed & received by Returning Officer**

Date \_\_\_\_\_ Time \_\_\_\_\_

Returning Officer signature:

\_\_\_\_\_