



**GRADUATE  
STUDENT  
ASSOCIATION**  
UNIVERSITY OF WATERLOO

## GSA Director Nomination Form

We, the undersigned members of the Graduate Student Association-University of Waterloo,

Hereby nominate \_\_\_\_\_

of the Faculty of \_\_\_\_\_

in the Department of \_\_\_\_\_

For the position of Director, with a term in office beginning May 1, 2025 and ending April 30, 2027.

	Name	Signature	Faculty	ID Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I, the nominated candidate, give my consent to this nomination,

Signature (required): \_\_\_\_\_

Home Address (required): \_\_\_\_\_

Phone Number (required): \_\_\_\_\_

Student ID Number (required): \_\_\_\_\_

Email (required): \_\_\_\_\_

Office (optional): \_\_\_\_\_

Office Phone Ext. (optional): \_\_\_\_\_

A GSA member can nominate a maximum of two candidates for Director positions.

Please return this completed form to the GSA Chief Returning Officer (CRO) at [gsa-cro@uwaterloo.ca](mailto:gsa-cro@uwaterloo.ca)