



## 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, 2024  
and ending April 30, 2026.

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): \_\_\_\_\_

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)