



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 August 20, 2020 and ending (*choose one*) ☐ April 30, 2021 ☐ April 30, 2022.

	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 Chief Returning Officer
gsa-cro@uwaterloo.ca
University of Waterloo
Waterloo, Ontario. N2L 3G1