



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, 2021 and ending April 30, 2023.

	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