



NOMINATION FORM

POSITION _____

NAME _____

STUDENT NO. _____

PHONE NO. _____

EMAIL _____

NOMINATOR _____

STUDENT NO. _____

SECONDER _____

STUDENT NO. _____

The nominee is required to provide the name and student number of five (5) students who support this nomination. NOTE: Any one student may support other nominees for other positions; however, they may only support ONE (1) per position.

NAME

STUDENT NUMBER

1. _____

2. _____

3. _____

4. _____

5. _____

The nominee hereby signifies that he/she is a student in *good standing* as defined in the current university calendar. The nominee also signifies that he/she is *at least* 19 years of age. This form must be completed correctly, signed, dated and returned the Chief Returning Officer by 12:00pm noon on the day that nominations close. The nominee has read and understands the duties, obligations and responsibilities if elected.

Signature of Nominee

Date

University of New Brunswick, Saint John P.O. Box 5050, Ste. 213
Thomas J. Condon Student Center Saint John, NB E2L 4L5

Tel: 506.648.5684 Fax: 506.648.5541
E-mail: src@unbsj.ca