

CUSA COUNCIL NOMINATION FORM

We the undersigned,

Do hereby nominate _____ to serve on CUSA Council as a representative for the faculty or school of _____.

By signing this form, we are also consenting to allow the Vice President Internal, Council Coordinator and the Registrar's office of Carleton University, to access our student information to verify our student status and program(s) of study.

Nominations needed per Faculty (2 nominees x number of seats)			
Faculty of Arts and Social Science	14	Arthur Kroeger College of Public Affairs and Policy Management	2
Faculty of Public Affairs	12	School of Computer Science	2
Faculty of Engineering and Design	8	School of Journalism	2
Faculty of Science	4	School of the Humanities	2
Eric Sprott School of Business	4	Special Students	0

#	Nominator	Student Number	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
# of Valid Nominees:		Page:	Registrar's office initials:

For CUSA office use:

DATE RECEIVED: _____ SIGNED: _____

Registrar's office only:

I hereby verify that the nominee and nominators are from the correct faculty and the nominee has attained the sufficient number of nominations to be considered for this position.

Signed: _____ Stamp:

Of note: As per Bylaw 1 s.3(c), all forms must be submitted to the CUSA office no later than 24 hours before the next CUSA Council meeting.

CUSA COUNCIL NOMINATION APPLICATION FORM

Personal Information			
First Name:		Last Name:	
Preferred Name (if applicable):		Student Number:	

Contact Information			
Phone (Primary):		Phone (Cell):	
Carleton Email:		Desired Email:	

Application Information			
Date of Application:		Seat Desired:	
Faculty:		School (if applicable):	
Degree:			
Major 1:		Major 2:	
Minors and/or Concentrations			
Length of Program:		Year Standing:	

I, the nominee, do hereby commit myself to the position signed above. If elected, I will do my best to represent the students of the constituency I am applying to represent and will fulfill all the responsibilities required of me during my term of office. Failure to do so may result in my removal from the seat of which I am applying for. I also consent to allowing the CUSA VPI, Council Coordinator and Registrar's office to access my student information to verify if the above information is correct.

I _____, do hereby agree to these terms on this date _____.

Signature: _____

For CUSA office use:

DATE RECEIVED: _____ SIGNED: _____

Registrar's office only:

I hereby verify that the nominee and nominators are from the correct faculty and the nominee has attained the sufficient number of nominations to be considered for this position.

Signed: _____

Stamp:

Of note: As per Bylaw I s.3(c), all forms must be submitted to the CUSA office no later than 24 hours before the next CUSA Council meeting.