NOMINATION FORM
SUNSCAD Executive and Council

Name: _____
Student ID number: _____
Position: _____
Phone number: _____
Email: _____

The above information is considered confidential and will only be used to contact candidates about election business. Nominators must provide student number. **Executive candidates must provide 15 printed names and signatures.**

Print Name	Signature	Student ID Number

Nomination forms must be returned to the SUNSCAD office by Midnight, the _____ day of _____, _____.

Candidates Signature: _____ **Date:** _____