NOMINATION FORM
SUNSCAD Executive and Council (Divisional and Constituent)

Name: _____
Student #: _____
Position: _____
E-Mail #: _____

The above information is considered confidential and will only be used to contact candidates about election business.
Nominators must provide student #.
Executive candidates must provide 15 printed names and signatures.
Council (Divisional and Constituent) candidates need only provide 10 signatures.

Print Name	Signature	Student ID #

Nomination forms must be sent to Tara Fleming at suadmin@nscad.ca

Candidates Signature: _____Date: _____