



2025/6: NOMINATION FORM
SUNSCAD Council Representative
(Divisional and Constituent)

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

The above information is considered confidential and will only be used to contact candidates about election/ratification.

Nominators must provide student #.

Council (Divisional and Constituent) candidates need only provide 10 signatures.

Print Name	Signature	Student ID #

Nomination forms can be sent to the SUNSCAD President, at president@sunscad.org to be ratified by SUNSCAD Council.

Candidates Signature: _____ Date: _____