



## AUGSA Election Nomination Form

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### Candidate Information

Full name: \_\_\_\_\_

Name as it should appear on the ballot: \_\_\_\_\_

Position on Council: \_\_\_\_\_

Program of study: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Student ID: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of Birth: (for verification of student status only) Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

By signing my name below, I acknowledge that I am eligible to run in the Athabasca University Graduate Students' Association elections, in accordance with [Bylaws](#) of AUGSA . Furthermore, I acknowledge that I have read and will abide by the rules and regulations set out in the aforementioned documents.

Furthermore I am a student in good standing at Athabasca University in Graduate Studies and am not a full time employee of Athabasca University.

\_\_\_\_\_

(Nominee Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Date)