



AUGSA Election Nomination Form

Candidate Information

Full name: _____

Name as it should appear on the ballot: _____

Position on AUGSA Council: _____

Program of study: _____

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 [Bylaw 2 of the Graduate Students Association of Athabasca University \(Election Bylaw\)](#) . 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. Please submit this form to cro@augsa.com .

(Nominee Signature)

_____/_____/_____

(Date)