

NOMINATION FORM

REPRESENTATIVE
of the
UNIVERSITY STUDENTS' COUNCIL

NOMINATIONS CLOSE: Friday, September 26, 2014 AT: 4:00PM

Required information:

Nominee:	_____	Student #	_____
School Address:	_____	Phone #	_____
Postal Code:	_____	Faculty:	_____
E-mail (Western):	_____	E-Mail (Alternate):	_____

PLEASE SIGN BELOW WHERE APPROPRIATE

<p>If elected, I GIVE the University Students' Council staff permission to release or otherwise publish the following to anyone who requests it.</p> <p>Please check: <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-Mail</p> <p>Signature: _____</p>	<p>If elected, I GIVE the University Students' Council staff permission to release the following to members of Council who request it for Council use only.</p> <p>Please check: <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-Mail</p> <p>Signature: _____</p>
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ELECTED members of Council only:

I _____ give the University Students' Council permission to post the email address provided below on the USC website.

Email address: _____

Signature: _____

THIS FORM IS NOT VALID UNLESS EACH OF THE SIGNATURES BELOW IS THAT OF AN UNDERGRADUATE STUDENT REGISTERED IN THE FACULTY IN WHICH THE NOMINEE

INTENDS TO RUN. ELIGIBILITY OF THE NOMINATORS WILL BE VERIFIED WITH THE REGISTRAR'S OFFICE.

	Name (Print)	Signature	Student #	Phone #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I, a registered full or part-time student in the above-named faculty at the University of Western Ontario, agree to allow my name to be placed on the ballot for the office of representative of the University Students' Council and, if elected, will fulfil the obligations to the USC and to the Faculty Council I represent. I agree, furthermore, to abide by the electoral rules and procedures set out in By-Law #2 of the University Students' Council, a copy of which is available on-line, and by the electoral procedures explained at the All Candidates' Meeting. I agree to allow the e-mail address stated above to be used by the University Students' Council to contact me in all matters including, but not limited to, elections violations and, if elected, the USC Vice-Presidential elections.

Witness: _____ Nominee: _____

Date: _____

THIS FORM IS NOT VALID UNLESS COMPLETED IN FULL AND SUBMITTED TO USC OFFICES, ROOM 340, UNIVERSITY COMMUNITY CENTRE BY 4:00 pm September 26, 2014.

The nomination form is NOT completed in full until ALL information is supplied, including payment of candidate's bond of \$25.00 (cash or current dated cheque).

VOTING TAKES PLACE ON October 14th and October 15th, 2014.

THERE WILL BE A MANDATORY CANDIDATES' ADVISORY MEETING ON Monday, September 29th, 2014 AT 5:00 P.M. IN COUNCIL CHAMBERS (Room 315, UCC – 3rd Floor). Your candidate photo will be taken at this time.

I, a registered full or part-time student at the University of Western Ontario, agree to allow my name, photo, and candidate information to be disseminated by the USC Elections Committee for the purpose of the elections.

Witness: _____ Nominee _____

Date: _____

PLEASE NOTE: The candidate (or a delegate designated by him/her with *written* notice to the C.R.O. by the close of nomination period), *must* attend the

*Candidates' Advisory Meeting as noted above or be **AUTOMATICALLY** disqualified pursuant to By-Law #2.*

NO CAMPAIGNING MAY BEGIN BEFORE Tuesday, September 30th, 2014 AT 12.01 A.M.

ALL CAMPAIGNING MUST END BY Monday, October 13th, 2014 AT 11:59 P.M.