



StFX University Students' Union
SPRING ELECTION NOMINATION FORM 2016-2017
Due WEDNESDAY MARCH 8th 2017 BY 12PM TO INFO DESK – 3RD FLOOR SUB



Name:	Major:					
Address:	Current Year of Study:	1	2	3	4	5+
Phone Number:	Campus PO Box #:					
E-mail Address:	Living Location (2017-2018):					

Nomination Instructions

- Please indicate the position you are running for by on the line below
- Students may only nominate one person per position. Ensure all information is clear and correct.
- Fill out the Ballot Registration.
- Submit deposit of \$25.00 (twenty-five dollars) with nomination form at the Info Desk - 3rd SUB
- Applicants must maintain an academic average above 60% and be a student in good standing at StFX.
- An All Candidates Meeting will be held by a Returning Officer on THURSDAY MARCH 9th 2017.

I agree to allow consultation with the Director of Student Life to insure that I am a student in good standing according to the By-Laws of the StFX Students' Union.

Name: _____ StFX ID#: _____ Date: _____ Signature: _____

COUNCIL REPRESENTATIVE FOR _____ CONSTITUENCY



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SPRING ELECTION NOMINATION FORM 2016-2017



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 SUB**

We, the undersigned, are StFX students and nominate, _____ (Candidate)
 for _____ (Position).

****NOMINEES REQUIRE 10 SIGNATURES OF
 CURRENT MEMBERS OF THE CONSTITUENCY
 THEY ARE APPLYING FOR****

NOMINATORS:

NAME (Please Print)	FACULTY	CURRENT RESIDENCE	STUDENT E-MAIL
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

STUDENTS CAN ONLY NOMINATE ONE PERSON PER POSITION

If applying for African Descent, Aboriginal or Equity Student Representative please use the following space for the remaining signatures required for the position.

- 1. Accessible Learning* _____
- 2. Aboriginal Student Advisor _____
- 3. Office for students of African descent _____
- 4. Human rights and equity officer* _____
- 5. Advisor for X-Pride* _____
- 6. International Advisor* _____

**Equity Student Rep only*



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Ballot registration

The names of each candidate shall be shown in alphabetical order by surname on the ballot. Nicknames may be permitted or refused upon the discretion of the Chief Returning Officer.

Please PRINT your name below as you would like to see it on the ballot.

1. _____
Printed Name

Signature

Date

TERMS OF ELECTIONS

I agree to be bound by all terms outlined in Appendix A of the StFX Students' Union By-Laws, which can be found online at http://people.stfx.ca/su_ro. I also understand that I am responsible for reading and understanding this document before campaigning begins.

1. _____
Printed Name

Signature

Date

THIS FORM HAS BEEN APPROVED BY: (MEMBER OF THE CHAIR'S OFFICE)

NAME: _____ POSITION: _____

SIGNATURE: _____

ON THE ____ DAY OF _____, 2017.

