



2-35 Medical Sciences Building, 8613-114St • University of Alberta • Edmonton AB, Canada • T6G 1C9

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## Nomination Form

### Candidate Information

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**Full Name:**

**ID#:**

**Position Contested:**

**Phone Number:**

**Email:**

**Are you an APSA member?**      Yes      No

**Are you a CSHP member (only required for CSHP Rep candidates)?**      Yes      No

**Graduating year:**

### Candidate Declaration

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I hereby accept the nomination for the position indicated, and declare that, to the best of my knowledge, I am eligible to contest the position, and if elected, to hold office. I have read, understood, and will do everything in my power to adhere to the rules outlined in this nomination package, the APSA Constitution, and Bylaws 1500 & 2300 of the University of Alberta Students' Union.

X

\_\_\_\_\_  
Candidate Signature

Date:

Time: