

NOMINATION FORM
FACULTY COUNCILLOR
of the University Students' Council (herein the "USC")

Nominations close:
Friday, September 20, 2024 at 11:59 P.M.

THIS FORM IS NOT VALID UNLESS COMPLETED IN FULL AND SUBMITTED BY
September 20, 2024 at 11:59 P.M.

by email at egc@westernusc.ca

Please note:

A candidate may only run if they are a full time or part time student as outlined in the USC By-Law.

REQUIRED INFORMATION:

Name (Last, First):

Preferred Name (Optional):

Gender Pronoun (Optional):

Phone No.:

Student No.:

E-mail (@uwo.ca):

Faculty:

Preferred Email (optional):

NOMINATION SIGNATURES:

This form is not valid unless **each** of the signatures below is that of an undergraduate student registered **at Western University in the constituency in which you are seeking election**. Eligibility of the nominators will be verified with the registrar's office. Please note: five (5) signatures are required; however you may collect up to eight (8) signatures.

	Full Name (Print)	Signature	Student No.	E-mail (@uwo.ca)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

CAMPAIGN PLATFORM:

You must provide at least three (3) and at most nine (9) principal goals for your campaign platform. Please provide these below. You may attach a page if you require more space.

FACULTY COUNCILLOR CANDIDATE AGREEMENT & WAIVER

I, a registered full or part-time student 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 (herein the "USC") and, if elected, will fulfil the obligations set forth by the USC and the Faculty Council I represent. I agree, furthermore, to abide by all electoral rules and procedures set out in By-Law #2 of the USC, a copy of which is available on-line, and by the electoral procedures explained at the All Candidates' Advisory Meeting. I agree to allow the primary e-mail address stated on the previous page to be used by the USC to contact me in all matters including, but not limited to, elections violations.

Nominee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

DUAL DEGREE STUDENTS ONLY (if applicable): I, a registered full or part-time student at the University of Western Ontario, have received approval from the Elections Committee Chief Returning Officer to run in a faculty different from what is listed under the Registrar's office.

Nominee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

**THERE WILL BE A MANDATORY ALL CANDIDATES ADVISORY MEETING ON
September 20, 2024, at 5:00 P.M in UCC373**

I understand that I, or a designated proxy, must attend the All Candidates' Advisory Meeting in-person, as noted above. Failure to attend in-person at the time and location specified above, will result in **AUTOMATIC DISQUALIFICATION** pursuant to s.7.8 of By-Law #2. In the event I designate a proxy, I will provide written notice, prior to the aforementioned date and time, to the Chief Returning Officer via e-mail (cro@westernusc.ca).

Nominee Signature: **x** _____ Date: _____

RELEASE OF INFORMATION:

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

Nominee Signature: **x** _____ Date: _____

Witness Signature: **x** _____ Date: _____

I, a registered full-time or part-time student at the Western University, agree to allow my nomination package, including but not limited to my name, photo, and candidate information to be disseminated by the USC Elections Committee to media channels for the purpose of elections reporting.

Nominee Signature: **x** _____ Date: _____

Witness Signature: **x** _____ Date: _____

If elected, I **GIVE** the University Students' Council staff **permission to release the following** to any **members of Council** who request it:

Please indicate:

- Phone No.
- E-mail

Signature: **x** _____

If elected, I **GIVE** the University Students' Council staff **permission to release or otherwise publish the following** to any **member(s) of the public** who request it:

Please indicate:

- Phone No.
- E-mail

Signature: **x** _____

If elected, I _____, give the USC permission to publish the e-mail address provided below on the USC website.

E-mail address: _____ Signature: **x** _____

If elected, I _____, agree to attend the mandatory training sessions (dates to be provided to successful candidates ASAP) for Executive specific training.

E-mail address: _____ Signature: **x** _____