



## Graduate Studies Nomination Form

Any personal information collected on this form is protected under the Freedom of Information and Protection of Privacy Act. The information you provide will be used to update your OCAD U records. These records are only viewed by OCAD U administrative staff and are not released to any other parties.

***Please submit the completed form to the Office of Graduate Studies. Because original signatures are required, it is not possible to submit the form electronically.***

I (please print your name) \_\_\_\_\_ do  
hereby agree to stand as a candidate for election to fill the graduate student position on the (print  
committee name) \_\_\_\_\_ Committee.

Signature of Candidate: \_\_\_\_\_.

We, the undersigned three graduate students, do hereby nominate the above candidate to the above named Committee.

*Note: A nominator may not nominate more than three candidates in this election.*

Name of Nominator (please print)	Original Signature
1.	
2.	
3.	