

STUDENT SENATE ELECTION CERTIFICATION FORM

TO: Mr. Jeff Leclerc, University Secretary

This is t	to certify that the following ca	ndidate(s) was/we	re elected	d to Senat	e for the	20/20_	session	
as the re	epresentative(s) of the Facult	y/School/College o	of				at	
election	s held on							
1.	Name:							
	Pronouns:	He	Him	She	Her	They	Them	
	UofM Email Address:							
	Full Mailing Address:							
	Phone Number:							
	UMNetID:		Student Number:					
2.	Name:							
	Pronouns:	He	Him	She	Her	They	Them	
	UofM Email Address:							
	Full Mailing Address:							
	Phone Number:							
	UMNetID:		Student Number:					
3.	Name:							
	Pronouns:	He	Him	She	Her	They	Them	
	UofM Email Address:					•		
	Full Mailing Address:							
	Phone Number:							
	UMNetID:		Student Number:					
Date: _		Returning Officer	Signature	:				
·	ng Officer (Senior Stick) Name							
Phone No.:		UofM Ema						