

## NOMINATION FORM Senate Executive Committee and Board of Governors

## **Option 1: Nomination by Member of Senate**

I: (name and sig	nature of Senate member)	
<u>Name</u>	Faculty/School/Co	<u>Signature</u>
NOMINATE:		
		(Title)
		(Faculty/School/College)
		(Department, if applicable
to serve on the	following:	
	enate Executive Committee	Board of Governors
l,	(Nominee's name)	accept the nomination.
	(Signature of the Nominee)	DATE:
Option 2: Self	- <u>Nomination</u>	
I wish to have r	my name considered for service on the	following:
S	enate Executive Committee	Board of Governors
		(Name)
		(Title)
		(Faculty/School/College)
		(Department, if applicable
SIGNED:		DATE:

Biographica	I Statement: (150 v	vords max)		
Please provio		cal statement outlinin	g your experience a	nd what you hope to
Preferred Na	ame (If different fron	n name listed on nom	nination form):	
Pronouns				
Не	Him	His	She	Her
Hers	They	Them	Other (please specify):	

Please submit completed form to the Office of the University Secretary by **May 3, 2024** at **4:30 p.m.**Form may be submitted using the button below or by email to: Laura.Orsak@umanitoba.ca