

**NOMINATION FORM**  
**Board of Governors Support Staff Assessor 2021 – 2023**

**WE:** *(name and signature of five support staff members making the nomination)*

	Name	Signature
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**NOMINATE:** \_\_\_\_\_ *(Nominee's Name)*  
\_\_\_\_\_ *(Title)*  
\_\_\_\_\_ *(Department)*

to serve as Support Staff Assessor on the Board of Governors.

I, \_\_\_\_\_ accept the nomination.  
*(Nominee's name)*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
*(Signature of the Nominee)*

Please provide a short paragraph of factual information about the Nominee which will appear on the ballot provided for voting: *[a separate sheet may be attached if more space required]*

Please submit completed form to the Office of the University Secretary  
by **FRIDAY APRIL 30, 2021** at **12:00 PM**