

Graduate Students of Kinesiology and Recreation Management Association NOMINATION FORM

Name: _____ Email address: _____

Requested Position: _____ Signature: _____

Date: _____ Student # _____ FKRM -or- AHS

All candidates applying for a position on GSKARMA must meet the following criteria:

- Be a registered graduate student in FKRM (or AHS if applying for AHS position)
- The signatures must be from graduate students in FKRM (and/or AHS if applying for AHS position)

GSKARMA representative requirements and position descriptions are available in the GSKARMA overview document

1st year student representative position does not require signatures to be nominated.

We, the undersigned, nominate _____, for the position of _____

NAME (PRINT)	DEPT	STUDENT #	SIGNATURE
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			

Verified by incumbent departmental (FKRM or AHS) UMGSA representative:

Print Name	Signature	Date
Department	email address	Phone number