



The Pas Student Association Council
University College of the North
The Pas Campus
436 7th Street East
The Pas MB R9A 1T4

The Pas Student Association Council Nomination Form

Please note: Nomination forms that are late, incomplete, unclear, or not properly filled out will not be considered

Nominees must meet the following criteria:

- Be a member of The Pas Campus Student Association Council (pay student fees)
- Be a full-time student (enrolled in courses with a workload of 60% or higher) in a post-secondary program at University College of the North, in actual attendance at classes in respective courses; evening class students or any students who are in courses less than for weeks duration are not eligible for nomination

NOMINEE INFORMATION			
First Name:		Last Name	
Program:		Student ID Number:	
Mailing Address (street, p.o. box, city/town, province, postal code):			
Email:		Phone: (H) () (C) ()	
For a complete list of available positions, see The Pas Student Association Council information on Student Life Page or Room 114 to obtain a copy.			
Seeking position of (1 st choice):		Or (2 nd choice):	
In signing below, I consent to let my name stand as a nominee for The Pas Student Association Council and I give permission for my photograph to be used in University College of the North marketing.			
Nominee signature:		Date (yyyy/mm/dd):	
<u>IMPORTANT INFORMATION FOR NOMINEES:</u> <ul style="list-style-type: none"> • Nomination Form Due: Friday, September 29 at 4:00 pm – Room 114 or lgeorge@ucn.ca • Campaign Dates: Monday, October 2 – Monday, October 9, 2022 • Candidates Forum: Tuesday, October 10 @ 12 Noon in Gym • Election: Wednesday, October 11th from 8:30 a.m. to 4:30 p.m. – Hallway in front of Main Office • Election Results: Thursday, October 12 at 12:00 p.m. via Email 			
NOMINATOR INFORMATION			
Nominated by (please provide 1 student signatures; students must be attending UCN The Pas Campus on a full-time basis – enrolled in courses with a workload of 60% or higher):			
#1	Name (first and last)	Program:	Signature:
#2	Name (first and last)	Program:	Signature:
#3	Name (first and last)	Program:	Signature:
#4	Name (first and last)	Program:	Signature:
#5	Name (first and last)	Program:	Signature:
FOR OFFICE USE ONLY Confirmed with Enrolment Services: Signature: _____ Date (yyyy/mm/dd): _____ <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>			