Thompson Student Association Council
University College of the North
Thompson Campus
55 UCN Drive
Thompson MB R8N 1L7

Thompson 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 Thompson Student Association Council brochure or visit ucn.ca/sac to obtain a copy.

Seeking position of (1st choice):   Or (2nd 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):**

IMPORTANT INFORMATION FOR NOMINEES:
- **Nomination Form Due:** Friday, September 23nd at 4:00 pm – Enrolment Services, Ingrid Gosselin
- **Campaign Dates:** Friday, September 23nd to Wednesday, September 27th
- **Candidates Forum:** Wednesday, September 27th at 12:00 p.m. on 2nd Floor (Room 202A)
- **Election:** Thursday, September 28th from 10:00 a.m. to 4:00 p.m. on 2nd Floor (Room 202A)
- **Election Results:** Friday, September 29th at 12:00 p.m. on 2nd Floor (Room 202A)
- **First SAC meeting: October 3rd, @ noon 2nd floor (room 202A)**

NOMINATOR INFORMATION

Nominated by (please provide 5 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):_____

☐ Yes   ☐ No