



NOMINATION FORM
A.M.S. VP ACADEMIC & UNIVERSITY AFFAIRS

FOR OFFIC USE ONLY
Date Received: _____
Received By: _____
Checked: _____

****RETURN TO SUB ROOM 3502****
BY MONDAY, SEPTEMBER 11, 2017 AT 3:30 P.M.

PLEASE BE ADVISED OF THE FOLLOWING REQUIREMENTS FOR THE AMS ELECTIONS

Each candidate must submit to the Administrative Assistant, in Nest Room 3502, a nomination form by **Monday, September 11th, 2017 at 3:30pm**. If you are unable to submit the form during the office hours, please email the Elections Administrator to get instructions on how to submit it at elections@ams.ubc.ca. The nomination form must be signed by **at least fifty (50) nominators, each of whom must be active members of the Society entitled to vote in that election**. It is recommended that the candidate have extra signatures in the case that one or more of the 50 nominators are invalid.

All candidates, or a representative, must meet the Elections Administrator, email: elections@ams.ubc.ca; office: **NEST Room 3547** following the close of nominations to receive instructions on campaign procedures **at an all Candidates Meeting**. The date of this meeting will be **Monday, September 11th, 2017 at 5:00pm in the Nest room 3529**.

No campaigning is permitted until the beginning of the official campaign period as determined by the Elections Committee.

All campaign material must be approved by the Elections Administrator **before it is used**. Materials may be submitted to the Elections Committee office from the opening of nominations onwards. Please include a contact name, email and phone number with all campaign materials.

Candidate Information: _____
(Please print) (Candidate name) (Student #)

Phone: _____ Email: _____

Candidate's Name as it should appear on the Ballot (see article 6, sec. IX (a) of AMS Code):

Signature of Candidate (certifying having read and understood the requirements listed above):

We, the undersigned, hereby nominate the candidate named above for the position of:

Vice President Academic and University Affairs

*** 50 valid signatures required (additional signatures recommended) ***
"The information collected on this form will be used only to verify student status and to contact the candidate on election-related business."

Name of Nominators (Print)

Signature

Student #

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			

	Name of Nominators (Print)	Signature	Student #
36.	_____	_____	_____
37.	_____	_____	_____
38.	_____	_____	_____
39.	_____	_____	_____
40.	_____	_____	_____
41.	_____	_____	_____
42.	_____	_____	_____
43.	_____	_____	_____
44.	_____	_____	_____
45.	_____	_____	_____
46.	_____	_____	_____
47.	_____	_____	_____
48.	_____	_____	_____
49.	_____	_____	_____
50.	_____	_____	_____
51.	_____	_____	_____
52.	_____	_____	_____
53.	_____	_____	_____
54.	_____	_____	_____
55.	_____	_____	_____
56.	_____	_____	_____
57.	_____	_____	_____
58.	_____	_____	_____
59.	_____	_____	_____
60.	_____	_____	_____

Campaign Manager: (Optional)

(Name)	(Student #)	(Telephone)
--------	-------------	-------------

**CANDIDATE MUST RETURN THIS FORM PERSONALLY TO NEST ROOM 3502
AS INDICATED IN THE INSTRUCTIONS AND SHOW THEIR STUDENT CARD**