



NOMINATION FORM (Form F0500)

Stamp and Date

Candidate Information

First Name:		Last Name:	
Phone Number:		UWindsor Email:	

Position Nominated For

Position:		Faculty:	
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Statement of the Nominee

I, the undersigned, do hereby state that:

1. I hereby declare my candidacy for the position stated above;
2. I understand and will comply with the Election Policies, Regulations, By-Laws, and the Code of Conduct of the UWSA and the University of Windsor;
3. I understand the position as a Director and know that at least 8 hours a month is required of me;
4. For this nomination package to be accepted, a picture of me will be taken upon handing it in; and
5. In support of my Candidacy I have completed and submitted the required documents contained in this nomination package.

Signature of Candidate

Date

Certificate of the Chief Returning Officer

In accordance with the applicable provisions and requirements of the UWSA Election Policy and By-Laws, I hereby certify this nomination package of this candidate at the pending election

Signature of the Chief Returning Officer

Date and Time



PROOF OF AGE AND REGISTRATION FORM (Form F0100)

Candidate Information

First Name:		Last Name:	
Year of Study:		Student Number:	
Faculty:		Program:	

Are you a Full Time Undergraduate?		Birth Date:	yyyy	mm	dd
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Candidate's Contact Information

Address:		City:	
Province		Postal Code:	
Phone Number:		Email:	

This form must be signed and stamped below by an employee of the University of Windsor Registrar's office.
OR

Attach your **ENROLMENT CERTIFICATE**

www.student.uwindsor.ca (login in) • MY ACADEMICS • SELF SERVICE LETTERS • Print Enrolment Verification Letter and Staple Certificate to this Form.

THE ABOVE NAMED STUDENT IS A FULL-TIME UNDERGRADUATE STUDENT
AT THE UNIVERSITY OF WINDSOR

Registrar's Office Signature

Registrar's Office Stamp

Date

Student's Signature



CANDIDATES REPRESENTATIVE FORM (Form F0300)

Candidate's Name

First Name:		Last Name:	
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Candidate's Representative

First Name:		Last Name:	
Year of Study:		Student Number:	
Faculty:		Program:	
Are you a Full Time Undergraduate?			

Statement of Consent from the Candidate

I, the undersigned, do hereby state that:

The above mentioned Representative will represent me as my official Representative during the All Candidates Meeting;

I will be accountable for their behaviour and actions during the Election Period; and I am a full-time undergraduate student at the University of Windsor.

Statement of Consent from Candidate's Representative

I, the undersigned, do hereby state that:

I accept the position of the official Representative for the campaign of the name mentioned above;

As an official representative, I understand that I am bound by the same rules, regulations, policies, and by-laws and procedures as the above named candidate; and I, as a candidate team member must send an email to crouwsa@uwindsor.ca using my UWindsor email confirming my affiliation with the above mentioned candidate, providing my full name, contact information and faculty.

Candidate's Signature

Representative's Signature

Date

Date



CAMPAIGN TEAM FORM

Statement of Consent from the Candidate

I, the undersigned, do hereby state that:

I have asked the students indicated below, and they have accepted, to be part of my campaign team;

I will be accountable for their behaviour and actions during the Election Period; and

I am a full-time undergraduate student at the University of Windsor.

Signature of Candidate

Date

Name and Signature	Are you a full-time undergraduate?	Faculty and Year of Study	Student Number	Email



SIGNATURE FORM

First Name of Candidate:		Last Name of Candidate:	
Position:		Faculty:	

I, one of the undersigned, am a UWSA member (FULL TIME UNDERGRADUATE) and do hereby nominate the person named above as a candidate at the pending election for this position.

#	Print Name	Student Number	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			



SIGNATURE FORM

First Name of Candidate:		Last Name of Candidate:	
Position:		Faculty:	

I, one of the undersigned, am a UWSA member (FULL TIME UNDERGRADUATE) and do hereby nominate the person named above as a candidate at the pending election for this position.

#	Print Name	Student Number	Signature
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			



SIGNATURE FORM

First Name of Candidate:		Last Name of Candidate:	
Position:		Faculty:	

I, one of the undersigned, am a UWSA member (FULL TIME UNDERGRADUATE) and do hereby nominate the person named above as a candidate at the pending election for this position.

#	Print Name	Student Number	Signature
31			
32			
33			
34			
35			
36			
37			
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41			
42			
43			
44			
45			



CAMPAIGN PLATFORM

First Name:		Last Name:	
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Please provide a summary of your platform and the approach you are going to take to campaign (class talks, social media etc.). This form is due on the last day of nominations.

Candidate's Signature

Date



Candidate Withdrawal Form

Candidate Information

First Name:		Last Name:	
Year of Study:		Student Number:	
Faculty:		Program:	

Candidate Contact Information

Address:		City:	
Province		Postal Code:	
Phone Number:		Email	

Position of Withdrawal

Position:		Faculty:	
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Statement of Candidate

I, the undersigned, do hereby state that:

I declare my withdrawal from the position stated above and the pending election;

I understand and comply with the Elections Policies, Procedures, Regulations, By-Laws and the Code of Conduct of the UWSA and the University of Windsor; and

I must send an email to the Chief Returning Officer confirming my withdrawal.

Signature

Date



Social Media Channels Form

Social Media Type	Username
Facebook	
Twitter	
Instagram	
Snapchat	

Beneficial Links

- **Elections Policy:**
<http://www.uwsa.ca/wp-content/uploads/2017/09/Elections-Policy-Aug.-31-2017.pdf>
- **University Student Code of Conduct:**
https://www.uwindsor.ca/secretariat/sites/uwindsor.ca.secretariat/files/student_code_of_conduct_october_18_2016.pdf