

Consent to Nomination

I, the undersigned Candidate, do agree to the nomination paper and solemnly agree to my position as nominee in the upcoming election:

- I am eighteen (18) or more years of age and not in undischarged bankruptcy
- I certify all information contained herein is accurate.
- I am a qualified elector and I am eligible as a candidate for the position I seek.
- I understand all the rules that surround SGPS elections and will abide by all the rules.
- I am fully aware of my duty as a SGPS Candidate and agree to act accordingly.

Election rules and candidacy requirements can be found in the SGPS Bylaws and Policies:
<http://www.sgps.ca/info/downloads/bylaws-policies.pdf>

I wish my name to appear as follows on the official ballot:

(name as should appear on ballot)

(signature of candidate)

Confirmed on this _____ day of _____ in the year _____

Signature of Chief Returning Officer

Signature of Executive Director

Candidate's Contact Information

Name of Candidate: _____

Student Number: _____

Address: _____

Telephone: _____

Cell: _____

Email: _____

Department: _____

Degree Program: _____

Candidate's Representative

Please note this section is optional. Candidates are not required to have a representative.

(name of candidate)

hereby appoint

(name of candidate's representative)

as a candidate's representative to be present at the counting of the votes conducted by the Chief Returning Officer. I also agree that the aforementioned representative will behave in a manner befitting the rules and regulations described in the various policies and by-laws appertaining to the Society of Graduate and Professional Students of Queen's University.

I, the candidate's representative, understand that I will be authorized to be present at the counting of the ballots and agree not to interfere in the counting of the votes. I agree to represent the aforementioned candidate. I also understand that if I leave before the completion of the counting of the votes, I will not be allowed to return or be replaced by another representative.

Signature of Candidate

Signature of Candidate's Representative

Candidate's Representative Contact Information

Please note this section is optional. Candidates are not required to have a representative.

Name of Representative: _____

Student Number: _____

Telephone: _____

Cell: _____

Email: _____