

Nomination Form

Student Representative to

EDUCATION COUNCIL

To: Election	ons Officer, Col	lege of New Caledo	nia	
as a candi	date for electior	ents, wish to nomina n to the Education Co nencing upon comple	uncil as a represer	ntative of the student boo
SIGN	ATURE	NAME PRINTED	STUDENT #	PROGRAM
1				
2				
3				
4				
5				
I am willin the one ye election ru	ear term comme ules as establish	ection to the Education	oletion of the elect	ident representative for ion, and to abide by the ntative groups.
Email:			Student #:	
Program:				
Signature	of Nominee:		Da	ite:
Please ret	urn this form to	electionscnc@cnc.bc	.ca.	