

Nomination Form

Faculty Representatives to

EDUCATION COUNCIL

To: Registrar, College of New Caledonia					
repre	ne undersigned, wish sentative of faculty fo ving areas (please che	or a two (2) year term commencing	, as a g May 1, 2025 in one of the		
	Trades & Technology University Studies & Career Access- Arts University Studies & Career Access- Science				
	SIGNATURE	NAME PRINTED	DEPARTMENT		
1					
2					
3					
4					
5					

Form continues on next page



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EDUCATION COUNCIL

Statement of Nominee

I am willing to stand for election to the Education Council as a representative of faculty for a two (2) year term commencing May 2025, and to abide by the election rules as established by the Registrar and representative groups.

Candidate's Statement:				
(No more than 200 words)				
Name as I want it to appear on the ballot:				
Department:				
Signature of Nominee:	Date:			
Please return this form to electionscnc@cnc.bc.ca or to Room 1-763.				

Note: Nominations must be received in the Registrar's office by April 7th at 4:00 pm to be valid.