

2024 GSA Graduate Student Group Nomination Information Form

|  |
| --- |
| GRADUATE STUDENT GROUP INFORMATION |
| Group Name: |
| Faculty/Department: |
| Registered via Student Group Services? [ ]  Yes [ ]  NoIf no, please explain: |
| Group Email: |

|  |
| --- |
| GROUP CONTACT INFORMATION |

|  |
| --- |
| PRIMARY CONTACT  |
| First Name: |
| Last Name: |
| Position Within Group: |
| UofA Email: |

|  |
| --- |
| ALTERNATE CONTACT |
| First Name: |
| Last Name: |
| Position Within Group: |
| UofA Email: |

Primary Contact Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE NOTE: Electronic signatures ARE acceptable.

Declaration: I hearby certify that the information in the application is true and correct. I understand that all personal information collected by the GSA (under the authority of Section 13(1) of the Alberta *Personal Information Protection Act (PIPA))* about nominees is used to review applications, to administer awards, and may be used to provide a context for the award at the GSA Awards Night and in GSA publications. Questions about the collection and use of personal information can be directed to the GSA at 780-492-2175.