



UNIVERSITY OF TORONTO
faculty ASSOCIATION

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Nomination Form for UTFA Council

This section to be filled out by the Nominators

We, members of Faculty Association Constituency #501, Nutritional Sciences; Institute of Medical Science; Miscellaneous Medicine, hereby nominate

Nominee's name (please print)

to be our representative on UTFA Council for the term expiring June 30, 2019.

Name of nominator 1: _____

Signature of nominator 1: _____

Name of nominator 2: _____

Signature of nominator 2: _____

This section to be filled out by the Nominee

I am the member of the University of Toronto Faculty Association noted above and hereby accept nomination for election to UTFA Council.

Nominee's signature

Please return this form to UTFA by one of the following means:

- by email to faculty@utfa.org,
- by fax to 416-978-7061, or
- by mail to 720 Spadina Avenue, Suite 419, Toronto ON, M5S 2T9.