This section to be filled out by the Nominators

720 Spadina Avenue, Suite 419 Toronto, ON M5S 2T9 **T** 416 978-3351 **F** 416 978-7061 **E** faculty@utfa.org / www.utfa.org

Nomination Form for UTFA Council

We, members of Faculty Association Constituency #502, Health Policy, Management & Evaluation; Public Health Sciences, hereby nominate
Nominee's name (please print)
to be our representative on UTFA Council for the term expiring June 30, 2022.
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.