Nomination Form for UTFA Council

This section to be filled out by the Nominators

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.