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

This section to be fitted out by the Normator's
We, members of Constituency #703, Dentistry, hereby nominate
Nominee's name
to be our representative on UTFA Council for the term expiring June 30, 2023.
Name of nominator 1:
Name 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 Name

Please complete this electronic form by clicking on the fields and filling them in. Email the completed form to faculty@utfa.org.

NOTE: We will accept, as a signature, receipt of the completed form from an email address that clearly belongs to the signatory. Nominators my send in their form "severally": two emails sent in separately, each nominating the same person but coming from a different qualifying email address, and assembled into one nomination by UTFA.