

## Nomination Form for UTFA Council

### This section to be filled out by the Nominators

We, members of Constituency #501, Division of Anatomy; Institute of Biomedical Engineering; Department of Family & Community Medicine; Centre Res.in Neurodegenerative Diseases; Medical Imaging; Medicine; Nutritional Sciences; Obstetrics & Gynaecology; Ophthalmology; Psychiatry; Surgery, hereby nominate

\_\_\_\_\_  
*Nominee's name (please print)*

to be our representative on UTFA Council for the term expiring June 30, 2028.

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 complete this electronic form by clicking on the fields and filling them in.  
Email the completed form to [faculty@utfa.org](mailto: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. The nominators and nominee may send in their form "severally": three emails sent in separately, each nominating the same person but coming from a different qualifying email address, and assembled into one nomination by UTFA.