



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 Constituency #703, Dentistry, hereby nominate

Nominee's name

to be our representative on UTFA Council for the term expiring June 30, 2024.

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. 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.