# NOMINATION FORM FOR 2015 ELECTIONS

NOMINATIONS FOR COMMITTEE POSITIONS SHOULD BE SUBMITTED TO THE DEAN’S OFFICE, FACULTY OF MEDICINE, PT. GREY CAMPUS **on or before** **Monday,** **November 30, 2015**. This form must have the signatures of the nominator, the seconder, and the nominee. Please attach the NOMINEE STATEMENT FORM.

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

We the undersigned, as voting members of the Faculty of Medicine, University of British Columbia, wish to nominate

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 NAME (Please Print) DEPARTMENT/SCHOOL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| to serve as a member of the | Student Promotion and Review Board | committee for a | Four | year term. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominator:** |  |  |  |

 NAME (Please Print) DEPARTMENT/SCHOOL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Seconded:** |  |  |  |

 NAME (Please Print) DEPARTMENT/SCHOOL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |

|  |  |  |
| --- | --- | --- |
| I am a  |  | faculty member and I agree to serve on this committee if elected. |

 “clinical” or “basic science”

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NOMINEE:** |  |  | Date: |  |

 SIGNATURE

#### *PLEASE RETURN BY FAX (604) 822-6061, EMAIL (patricia.lou@ubc.ca)*

***OR MAIL TO 317-2194 HEALTH SCIENCES MALL, VANCOUVER, V6T 1Z3***

***ON OR BEFORE – Monday, November 30, 2015***

#### *TO THE ATTENTION OF PATRICIA LOU*

**Nomination forms submitted to the Dean’s Office will be acknowledged upon receipt.**