**NOMINEE STATEMENT FORM FOR 2015 ELECTION**

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| **NAME OF NOMINEE**: |  |  |

 (Please Print)

|  |  |  |
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| **SIGNATURE:**: |  |  |

 (Signature is for authorization to post this statement on the Faculty of Medicine website)

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| **DEPARTMENT/SCHOOL**: |  |  |

 (Please Print)

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| **COMMITTEE**: |  | **Student Promotion and Review Board** |

 (Please Print)

|  |  |  |
| --- | --- | --- |
| **DATE**: |  |  |

### Please provide a brief statement (max 150 words) about yourself that would assist voters in casting their vote (please type or print):

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|  |

# THIS STATEMENT WILL BE INCLUDED WITH THE ELECTRONIC ELECTION INFORMATION ON THE FOM WEB

#### PLEASE RETURN BY *FAX, EMAIL OR MAIL* ALONG WITH THE NOMINATION FORM TO:

#### FAX: (604) 822-6061 MAIL: 317-2194 HEALTH SCIENCES MALL, VANCOUVER BC V6T 1Z3

#### TO THE ATTENTION OF *PATRICIA LOU (**patricia.lou@ubc.ca**)*

**Nominee Statement submitted to the Dean’s Office will be acknowledged upon receipt.**