

ALL CANDIDATES MEETING ACKNOWLEDGEMENT FORM

Legal last name of candidate:	Legal first name of candidate:
<i>This name will not appear on the ballot paper but will be used to verify your status as a student with the college.</i>	

Office sought:			
<i>Please select one:</i>			
	<input type="radio"/>		<input type="radio"/>
		Executive Chair and Chief Elected Officer	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Director from the Faculty of Business	Director from the Faculty of Health Sciences	Director from the Faculty of Media, Art and Design	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Director from the Faculties of Skilled Trades, and Apprenticeship; Hospitality and Horticulture Science; and Liberal Studies.	Director from the Faculty Science, Engineering, and Information Technology	Director from the Faculty of Social and Community Services	

Candidates Declaration

I, undersigned, do affirm that I have attended the All Candidates Meeting or made alternative arrangements to cover the material in the All Candidates Meeting and acknowledge that I (1) understand the material covered and if I do not understand a matter in the course of the election will seek clarification on the issue involved; and (2) agree to abide by the rules of the election

I make this declaration continuously believing it to be the truth.

Signature of candidate

Date