



Carleton University Academic Staff Association

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NOMINATION FORM

We, the undersigned members of CUASA, wish to nominate _____

for the following position _____ for the years 2025-2027.

(Name of Nominator)

(Name of Nominator)

(Signature of Nominator)

(Signature of Nominator)

Date: _____

I accept the nomination: _____

(Signature of Nominee)