

iBioMed Society First Year Rep Nomination Form

We, the undersigned, wish to nominate		
	(full name)	
for the position of		
	(position title)	
Candidate Information:		
Program and Level:	Student Number:	
Email Address:	Phone Number:	

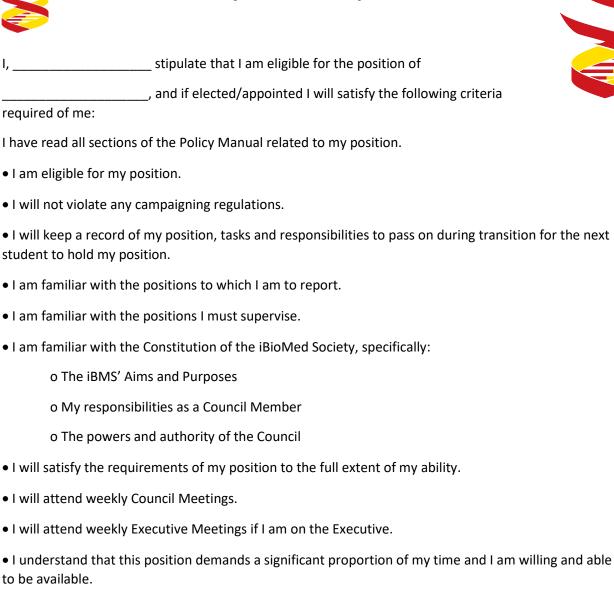
	Full Name	Student Number	<u>Signature</u>
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Important Notes:

- Check the position eligibility and requirements before submitting this form.
- Only students in first year of iBioMed may nominate you.
- Only iBMS (iBioMed Society) members can nominate you.
- If you have any questions, contact the iBioMed Program Rep at <u>i-biomed@macengsociety.ca</u>.



iBioMed Society First Year Rep Nomination Form



Candidate

Full name:	Signature:	Date:
Witness		
Full name:	Signature:	Date:

Please submit these completed forms to the mailbox of the CRO before the end of the advertised nomination period.