



uOttawa

Class President

Nomination form

Date:	
Name of the Candidate:	
Program in the Faculty of Arts:	Telephone:
Student number:	Email:

In order for your candidacy to be valid, the support of at least ten (10) students that are members of the Faculty of Arts

	Name	Student number	Email
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			