



**McMASTER SOCIAL SCIENCES SOCIETY
EXECUTIVE NOMINATION FORM**

Name: _____ Student Number: _____

Program: _____ Level: _____

Email: _____ Position: _____

No.	Name	Student Number	Faculty	Department	Year	Signature
1						
2						
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I accept this nomination, and I agree to follow all rules and regulations as expressed by the Election Rules and any further rules as set out by the MSSS. I agree to abide by all MSSS Constitutional clauses and Bylaws.

Signature of Applicant: _____ Date: _____

Office Use Only:

Accepted by: _____ Date: _____