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2024 Nomination Information Form for

Graduate Student Spirit Award

This nomination form is for the Graduate Student Spirit Award. Electronic signatures are acceptable.

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| --- | --- |
| NOMINEE INFORMATION (Please fill in award nominee’s information) | |
| First Name: | Department/Faculty: |
| Last Name: | Phone Number: |
| UofA Email: | Student ID #: |

Award Nominee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fill out the following information:  \*\*Please note that the nominator MUST be a graduate student.   |  |  | | --- | --- | | NOMINATOR INFORMATION (Please fill in nominator information) | | | First Name: | Department/Faculty: | | Last Name: | Phone Number: | | UofA Email: | Student ID #: |   Nominator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Declaration: By signing above, both signatories certify that the information in this application is true and correct and understand that all personal information collected by the GSA (under the authority of Section 13(1) of the Alberta *Personal Information Protection Act (PIPA))* about nominees is used to review applications, to administer awards, and may be used to provide a context for the award at the GSA Awards Night and in GSA publications. Questions about the collection and use of personal information can be directed to the GSA at 780-492-2175.

PLEASE NOTE: Nomination forms are not accepted without signature, which can be in written or electronic form.