**BOARD OF GOVERNORS FACULTY NOMINATION FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to stand for election to the Board of Governors of Coast Mountain College. I agree to abide by the Procedures for Election and I have every expectation of being able to fulfill the term of office.

( ) Attached is a personal information statement (maximum one page).

( ) I do not wish to provide a personal information statement.

**I wish to stand for election to Board of Governors for one of the following terms:**

( ) Faculty Seat – (two-year term ending March 2026)

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|  |  |
| **NOMINATORS** |  |
|  | | |  |  |  |  |  |
| **Print** Name | | |  | Signature |  |  | Date |
|  | | |  |  |  |  |  |
| **Print** Name | | |  | Signature |  |  | Date |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Signature of Nominee |  |  |  |  | Date |

*Completed nomination forms must be received by the Registrar* ***by 4:00 p.m. on June 7, 2024.***