



Society of Graduate Students Alternate Councilor Form

The purpose of this form is to assign an alternate.

Councilor Information

First and last names of Issuer (please print)

Student No.

Department, unit, or constituency of Issuer

E-mail address of Issuer

Duration of leave (dates)

Alternate Information

First and last name (please print)

Student No.

Department, unit, or constituency (for verification purposes of Alternate Councilors)

E-mail address

Authorization

Signature of Councilor

Signature of Alternate Councilor

Date

RECEIVED (FOR OFFICE USE ONLY)

**Please bring the completed form to Council meeting, and
hand in at the start of the meeting.**