

ELECTION REQUEST FORM

Must be submitted with each nominee’s statement of intent to the OSL two (2) weeks prior to scheduled election.

Name of Organization _____ Date Submitted _____

Election Chair name and e-mail _____

Date Request _____ Time Request _____ Location Request _____

Approved date, time, and location (filled in by the OSL) _____

Nominees:

Last Name	First Name	School Enrolled	E-mail address	Membership verified	Academic Status Verified By OSL

Signature of Election Chair _____

Names and academic standing verified by the OSL on _____ by _____
Date Director or Activities Coordinator, OSL HSC