

POST-ELECTION RESULTS FORM

Must be submitted with minutes and original written ballots from the election meeting to the Office of Student Life within 24 hours of the election.

Name of Organization _____ Date Submitted _____

Date of Election _____

Chair Name, e-mail, and mailbox number _____

New Officers:

Last Name	First Name	College Enrolled	E-mail address (leave off @utoledo.edu)	Position	Academic Status Verified (if needed)

Were there any open positions in which write-in votes were needed? _____ Yes _____ No

Were there any problems encountered during the election? _____ Yes _____ No

If Yes, Please explain _____

Signature of Election Chair _____