

POST-ELECTION RESULTS FORM

Must be submitted with minutes and original ballots from the election to the OSL within 24 hours of the election.

Name of Organization _____ Date Submitted _____

Date of Election _____

Election Chair or President name and e-mail _____

New Officers:

Last Name	First Name	School Enrolled	E-mail address	Position	Academic Status Verified (if needed)

Were there any open positions in which write-in votes were needed? _____ Yes _____ No
If yes, please put an asterisk next to the name so the OSL HSC can verify the student's academic status.

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

If Yes, Please explain _____

Signature of Election Chair _____

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