



GHANA ASSOCIATION OF UNIVERSITY ADMINISTRATORS

EXECUTIVE NOMINATION FORM

Use this form to submit the name of a candidate for one of the executive positions to be voted on. The positions are, **President, Vice-President, Secretary, Assistant Secretary, Treasurer**

A separate nomination form should be filled for each nomination and sent to the Department of Publishing and Web Development of the Campus.

NB: Each prospective executive must have their nominations supported by **three eligible members** of GAUA.

INSTRUCTIONS

- »» A candidate contesting the election shall be a confirmed member and must have served at least two years as GAUA member.
- »» A member shall not nominate him/herself for any position.
- »» A nomination form shall be rendered invalid if nomination is not done by an eligible voting member.
- »» A member shall be deemed eligible to vote if he /she has been a dues-paying member of GAUA for at least two months.
- »» A nomination form shall be rendered invalid if it does not show the names of the nominee and his/her 3 nominators /seconders.
- »» A nomination form shall be rendered invalid if a person is nominated for more than one position.
- »» A nomination form shall be rendered invalid if a nominee does not accept to contest for the post he/ she is nominated for.
- »» All nominations must reach the Department of Publishing and Web Development NOT LATER THAN 4:30pm on Tuesday, 9th July, 2024.
- »» By appending your signature, you declare that every information provided on this form is correct to the best of your knowledge and that you agree to be held liable for any misrepresentation detected.

PARTICULARS OF NOMINEE

Name: _____
 Dept.: _____
 Staff ID: _____
 Phone No.: _____
 Email: _____
 Date of Current Appointment: _____
 Date of Confirmation (Year): _____
 Position Vying for: _____

NOMINATORS' DETAILS

1ST

Name: _____
 Dept.: _____
 Staff ID: _____
 Date of Confirmation (Year): _____
 Signature: _____

2ND

Name: _____
 Dept.: _____
 Staff ID: _____
 Date of Confirmation (Year): _____
 Signature: _____

3RD

Name: _____
 Dept.: _____
 Staff ID: _____
 Date of Confirmation (Year): _____
 Signature: _____

Declaration by Nominee: I certify that I have read and understood all documents pertaining to the position I am vying for, and would submit to all rules and regulations governing it.

Signature of Nominee:.....

Date:.....

UNIVERSITY OF EDUCATION, WINNEBA
DEPT. OF PUBLISHING & WEB DEV'T.
P. O. BOX 25
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