PETITION FOR CANDIDATES RUNNING
FOR GRADUATE STUDENT SENATE OFFICE

2019 - 2020



GRADUATE STUDENT ORGANIZATION
227 Student Activities Center, Stony Brook University
Stony Brook, NY 11794-2800
Tel: (631)-632-6492. Fax: (631)-632-8965

Website: http://www. http://sbgso.org/

E-mail: secretary@sbgso.org

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of graduate students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Candidate(s)

|  |  |  |
| --- | --- | --- |
| Name | ID# | E-mail |
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|  |  |  |

Alternate Candidate(s)

|  |  |  |
| --- | --- | --- |
| Name | ID# | E-mail |
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In order to ensure fairness of elections, please have the Graduate Program Advisor, Graduate Coordinator, Department Chair, or Assistant to the Chair read and review this nomination form.

This  Election Petition Informed reelection (Please check one) for departmental senator(s) was is in accordance with GSO and university policies. If necessary, all signatures or votes were verified and represent current graduate students.



Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this is a petition, please provide signatures equal to 30% of the total number of the graduate students from your Department or 50 graduate students from your Department, whichever is less.

The below agree to nominate the senator(s) listed above.

PLEASE, PRINT YOUR NAME CLEARLY:

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| --- | --- | --- |
| Name | ID# | Signature |
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