



Institutional Research and Analysis

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**Undergraduate (Full-Time)  
to the University Student Fees Committee  
Application Form  
To Be Received by August 5, 2016**

Name of Nominee: \_\_\_\_\_

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

I, the Nominee, am applying to be a student representative of **Full-Time Undergraduate**

Student I.D.: \_\_\_\_\_

Program and Level: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_

Ext.: \_\_\_\_\_

Email: \_\_\_\_\_

**Declaration:** "I, \_\_\_\_\_, meet the citizenship requirements

(Given Names)

(Surname)

Of *The McMaster University Act (1976)* and accept this nomination as a candidate for election to the University Student Fees Committee. If selected, I am prepared to serve for the assigned term or until graduation or withdrawal from the University, whichever is the lesser."

**Signature of Nominee:** \_\_\_\_\_

**Notice to Nominees:**

The nominee and all nominators must be members of McMaster University as defined below:

**Undergraduate Student** means a person who is registered as a candidate for an undergraduate degree in a course of study approved by the Senate and shall include Medical students, Clinical Behavioural Science students, and Continuing students.

**Name of Nominators (REQUIRED):**

**Please note** that each nominator should belong to the same student group as the nominee. If the nominee is a full-time undergraduate student, all nominators must also be full-time undergraduate students.

**5 Names/Signatures**

Name (please print)	Signature	Student Number (required)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Signature of Validator: \_\_\_\_\_, *Chair, Fees Committee*

**Contact information of two references:**

Name (please print)	Relationship to Applicant	Contact Information (required)
1. _____	_____	_____
2. _____	_____	_____

**Instructions to Nominees**

1. Ensure all sections of this form are complete; **and**
2. A hard copy of this form, with your signature, signature of nominators and references' information, and your statement of interest must be delivered to the Associate Vice-President, Institutional Research and Analysis, at University Hall, Room 215, or by email to [avpira@mcmaster.ca](mailto:avpira@mcmaster.ca) by 4:30 pm Friday, August 5, 2016.
3. Attach a copy of your resume to this submission.
4. Incomplete applications will not be considered.

**McMaster University**

**Statement on Collection of Personal Information and Protection of Privacy**

McMaster University collects and retains personal information of students under the authority of *The McMaster University Act, 1976*. The information you provide for the purpose of this application will be protected and used in compliance with Ontario's *Freedom of Information and Protection of Privacy Act (RSO 1990)* and will be disclosed only in accordance with this Act. If you have any questions about the collection and use of this information please contact the University Secretary, Gilmour Hall, Room 210, McMaster University.

## STATEMENT OF INTEREST

Name of Nominee: \_\_\_\_\_

Please provide, in the space below, a brief application that will be helpful to the selection committee. Please include information on the following: Specifically, outline why you are interested in being a member of the University Student Fees Committee. Do not submit personal information on this page (i.e., address, telephone number, e-mail address, photograph, etc.). Please limit your statement to this page only. **A copy of your resume should be attached to your submission.**

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