

THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO

ACADEMIC BOARD
LIBRARIAN NOMINATION FORM 2008

Title: Dr. Professor Mrs. Mr. Ms Miss

Full Name of Nominee (Please Print): _____

Name (As to appear on the ballot): _____

Librarian Rank: _____

Department/Library: _____

University Mailing Address: _____

University phone Number: _____ Fax: _____

E-mail: _____

The above section must be COMPLETED IN FULL. Failure to do so may invalidate the nomination.

Completed nomination forms are to be returned to the Governing Council Office,
Room 106, Simcoe Hall no later than **5:00 p.m. on Monday February 25, 2008**.
Nominations received elsewhere or after this time will be invalid.

The nominee may attach a **typewritten** biographical statement or other comments, up to a limit of 100 words. The statement must be legible. The candidate's name will not be counted in the 100-word total if placed at the beginning of the statement. Abbreviations and acronyms will be counted as one word. **This statement will be mailed with the ballots to all voters. If a statement exceeds 100 words in length, only the first 100 words will be printed.** It is emphasized that the submission of biographical or other comments is voluntary.

Signature of nominee: _____
(Signature signifies willingness to stand as a candidate
and approval of the statement, if any)

Inquiries may be directed to: Nancy Smart, Chief Returning Officer, at 416-946-7663 or nancy.smart@utoronto.ca

The undersigned hereby nominate _____ as a candidate for election to the **Academic Board** from the librarians' constituency.

- For a nomination to be valid, the signatures of **3 nominators, including nominators' printed names and departments/libraries**, must be included on this form.
- The nominee and all nominators must be librarians. A nominator may nominate no more candidates than there are vacancies.

Librarians are employees of the University, University College, the constituent colleges and the arts and science faculties of the federated universities who hold the rank of Librarian I, II, III or IV.

PRINTED FULL NAME	DEPARTMENT/LIBRARY	SIGNATURE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering Governing Council elections. At all times it will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have questions, please refer to <http://www.utoronto.ca/privacy> or contact the Chief Returning Officer.

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