BCIT Student Association

elections@bcitsa.ca

POSITION:_____

YOUR NAME OR INITIALS:_____

CANDIDATE APPLICATIONS FORM 2026-2027

BCITSA EXECUTIVE POSITION CONTESTED (<u>please check only one</u>)

- ☐ Chair of the School of Health Sciences

NOMINEE ATTESTATION:

The Candidate hereby attests that they:

- are a member, in good standing, with the BCIT Student Association;
- are a full-time student based on BCIT criteria or a Flexible Learning part-time student taking a minimum of at least three (3) courses;
- have a minimum of sixty-five per cent (65%) previous term standing GPA, or has had the requirement waived if they have no GPA;
- intend to continue to meet these criteria if elected; and
- are, if a candidate from ATC, currently a full-time student within Level 1 or 2 of first term.

SIGNATURE & DATE: _____

FULL NAME: _____

BCIT STUDENT #: _____

PROGRAM & SCHOOL: _____

E-MAIL: _____

PHONE: _____

POSITION:_____

YOUR NAME OR INITIALS:_____

MANDATORY SUPPORTERS SIGNATURES:

Signature of at least three (3) student members in good standing with BCITSA defined as:

- Students (part-time or full-time) registered at BCIT between September 1st, 2026 and November 15th, 2026; and who
- Have paid BCITSA fees.

Print Name (PLEASE PRINT CLEARLY)	Signature	Student Number (PLEASE PRINT CLEARLY)
1.		
2.		
3.		
4.		
5.		

CAMPAIGN MANAGER (recommended but not mandatory):

NAME: _____

E-MAIL: _____

PHONE: _____

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DATE RETURNED: _____ **TIME RETURNED:** _____

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CANDIDATE'S NAME

The name appearing in the "CANDIDATE" space MUST BE EXACTLY as the candidate wishes it to appear on the ballot.

Prefixes such as Mrs., Mr., Ms., Dr., etc. and suffixes such as titles, degrees, military decorations, or any other type of prefix or suffix, ARE NOT PERMISSIBLE. One or more of the given names of the candidate may be replaced by the nickname by which the candidate is publicly known (such as Kid, Shorty) in which case, the initial or initials of the candidate's given name may accompany the nickname. A normal abbreviation of one or more of the candidate's given names may be substituted for the given name (such as Meg, Andy, Bill).

TO BE COMPLETED BY CANDIDATE
Type or Print in Block Letters

Position Sought:

Candidate:

Last Name (Surname)

Given Name(s)

_____ _____
Signature of Candidate Date

_____ _____
Signature of CRO or Elections Administrator Date

POSITION:_____

YOUR NAME OR INITIALS:_____

RELEASE OF PERSONAL AND ACADEMIC INFORMATION

By signing this nomination form, I authorize BCIT to release all relevant details of my academic history, current enrolment, and financial standing to the BCITSA for the purposes of the BCITSA student elections and throughout the duration of my term of office should I be elected to the BCITSA, in order to verify my ongoing student status and academic progress. I further attest that I shall truthfully and completely keep the Student Association advised of these matters during my time in office. I authorize BCIT to release the aforementioned details to the BCITSA Elections Committee and Elections Administrator in relation to their assessments of candidate eligibility under the Constitution & Bylaws of the Student Association.

CANDIDATE'S SIGNATURE: _____

DATE: _____

CAMPAIGN MATERIAL APPROVALS AND DEADLINES

I understand that I have the option of submitting any publicity materials used in my campaign for advance approval, and that using this option is a complete defence against any later complaint that such material violated BCITSA Bylaws, Policies, or Regulations. If I fail to seek prior approval of such materials and they are later found to violate BCITSA Bylaws or election regulations, I further understand that my failure to seek such prior approval will be considered by the Election Committee in determining a suitable sanction. I understand that candidates are encouraged to include the BCITSA Elections logo in campaign publicity materials. I have received a list of all deadlines associated with the official campaign period.

CANDIDATE'S SIGNATURE: _____

DATE: _____

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ELECTIONS NOMINATION FORM CHECKLIST

- ☐ I have read and understood all of the documents presented to me in the BCITSA Elections nomination packages;
- ☐ I am aware of the important dates and deadlines for candidates;
- ☐ I have signed and submitted the *Nominee Attestation* form (page 1 in this package) by **November 23rd at 2:00pm**;
- ☐ I have included names and signatures from three students supporting my nomination (page 2 in this package) by **November 23rd at 2:00pm**;
- ☐ I have signed and submitted the *Candidate's Name* form (page 3 in this package) by **November 23rd at 2:00pm**;
- ☐ I have signed and submitted the *Release of Personal and Academic Information* form and the *Campaign Material Approvals and Deadlines* form (page 4 in this package) by **November 23rd at 2:00pm**; and
- ☐ I have signed and submitted this Elections Nomination Form Checklist form (this page) by **November 23rd at 2:00pm**.

PLEASE SUBMIT THIS SIGNED CHECKLIST ALONG WITH YOUR OTHER FORMS BY NOVEMBER 23rd at 2:00pm.

Candidate name _____

Candidate signature _____

CRO or Elections Administrator's signature _____

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INITIAL: _____

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