



**Society of Graduate Students  
Alternate Councillor/Proxy Form**

The purpose of this form is:

**ALTERNATE COUNCILLOR DESIGNATION**

or

**PROXY DESIGNATION**

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*First and last names of Issuer (please print)*

*Student No.*

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*Department, unit, or constituency of Issuer*

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*E-mail address of Issuer*

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*Duration of leave (dates) Only applicable to  
Alternate Councillors*

**ALTERNATE COUNCILLOR/PROXY VOTER**

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*First and last names (please print)*

*Student No.*

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*Department, unit, or constituency (for verification purposes of Alternate Councillors)*

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*E-mail address*

**AUTHORIZATION**

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*Signature of Issuer*

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*Signature of Receptient*

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*Date*

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**RECEIVED (FOR OFFICE USE ONLY)**

**Please return completed form to the SOGS office before the next meeting of Council.  
Room 260, University Community Centre • Fax: (519) 661-3374**