



GPSA Candidacy Withdrawal Form Spring 2017

PLEASE NOTE:

This form must be signed by the withdrawing candidate in the presence of two witnesses, preferably within the Graduate & Professional Student Association (GPSA) or Student Activities Center (SAC) Offices.

I, _____, do hereby withdraw my name as a
(Printed Name)

candidate for the GPSA position of _____.
(Office)

(Signature of Candidate) (Date)

(Printed Name & Signature of Witness) (Date)

(Printed Name & Signature of Witness) (Date)

PURPOSE:

This form will stand as an official agreement to remove the undersigned candidate from the election. This form must be turned in at least three (3) academic days BEFORE the election. If the form is turned in after this deadline, the candidate's name will remain on the ballot but the candidate will be considered ineligible for the election.

Revised 2/2017 JS

Recorded by:	Office:	Date/Time
	GPSA / SAC	