

THE UNIVERSITY OF LETHBRIDGE

Senate Application Form

Name: Current Position: Address:	
Telephone (work): E-Mail:	Telephone (home/cell):
Provide a brief description of what inter-	ests you about Senate and the University of Lethbridge:
Provide a brief biography outlining your A Curriculum Vitae or Résumé must be attached to	r education, experience and other professional information: Application Form
Name of Nominator (if applicable): Telephone:	E-Mail:

Candidates are expected to attend <u>Senate meetings</u> , participate in Convocation ceremonies, attend the Chancellor's Dinner, and abide by noted <u>expectations</u> .		
Signature:	Date:	
Return form	to: Senate Office The University of Lethbridge 4401 University Drive Lethbridge, AB T1K 3M4 Fax: 403-329-2097	

The personal information collected on this form is collected under authority of the *Post-Secondary Learning Act* as it directly related to and is required by the Senate Nominating Committee for the purposes of electing individuals to one of the public positions on Senate at the University of Lethbridge. This information will remain confidential until such a time as the applicant is selected. If you have questions related to the collection, use or disclosure or this personal information, you may contact the Senate Office, University of Lethbridge, 4401 University Drive, Lethbridge, Alberta, T1K 3M4, 403-329-2482.

governance@uleth.ca