

NOMINATION FORM

**ELECTION OF ONE FULL-TIME MEMBER OF THE SUPPORT STAFF
TO THE BOARD OF GOVERNORS**

We, the undersigned, nominate:

CANDIDATE'S NAME

NAMES
(Please print)

SIGNATURE

Note: This form must be signed by five full-time members of the support staff

I, the undersigned, accept to be nominated for election to the Board of Governors

SIGNATURE

FACULTY, SCHOOL, DEPARTMENT, SERVICE

Please return your duly completed nomination form as well as your letter of intention, a short biography and your photo to [Zainab Karouni](#) at the Office of the Secretary-General **no later than Friday, April 25, 2025 at noon.**