

GRADUATE & PROFESSIONAL STUDENT ASSOCIATION PROXY FORM

I,		_, representing the(department /school's name)	
(representative's	name)	(department /scho	ol's name)
department, appoint		(proxy's name) to be my pro	oxy at the
(meeting date)		, Graduate & Professional Stu	dent
Association Cour	ncil meetii	ng.	
	Date	Proxy Signa	ıture
	Date	GPSA Representativ	re Signature
		-	-
Received in order o	n this day _	, by	
		CDCA Soc	ratary