

Graduate & Professional Student Association **Proxy Form**

I,Representativ	ve's Name	_, represent	ing the Department / School
department, appoint		Proxy's Name	to be my proxy at the
GPSA Council Me	eeting Date	_, Graduate	& Professional Student
Association Co	uncil meeti	ng.	
_	Date		Proxy Signature
	Date		1 Toxy Signature
_	Date		GPSA Representative Signature
Received in order	on this day	, b	y
			GPSA Secretary