

University of Nevada, Las Vegas
**GRADUATE & PROFESSIONAL STUDENT
ASSOCIATION
PROXY FORM**

I, _____, representing the _____
(representative's name) (department's name)

department, appoint _____ to be my proxy at the
(proxy's name)

_____, Graduate & Professional Student
Association Council
(meeting date)

meeting.

Date

Proxy Signature

Date

GPSA Representative Signature

Received in order on this day _____, by _____.
Secretary, GPSA