Graduate Student Association
The Catholic University of America
Alternate Appointment Form

Date of Appointment: ________________

In accordance with the GSA Constitution (taken from Article II: Senate):

Section 5: Each department or school (herein referred to as "school"), whichever is smaller, shall appoint senators.
   A: Any GSA member, unless otherwise specified, is eligible for appointment to the Senate.
   B: Each school shall send one senator for every hundred GSA members within it, or fraction thereof.
   C: While a school may institute its own method of choosing senators, if it so chooses, all senators must have
      a written appointment from the dean or chair of their school; a vacancy may be filled at any time.

Section 6: Terms: A senator’s term begins upon receipt of written appointment, and continues until the end of the
academic year. The secretary shall notify schools which send representatives.
   A: A senator may serve unlimited terms.
   B: A senator may be removed by a two-thirds majority vote of the Senate for flagrant misconduct, non-
      attendance, or failure to perform duties, or a two-thirds majority vote of the members of his school for
      any reason.

Section 7: A school is actively represented if the total attendance of its senators is at least one-half of the total
possible attendances, determined on a per-semester basis.

Section 8: A school may appoint one alternate for each senator. Alternates follow all Constitutional provisions and
enjoy all privileges of a senator, but may only vote or motion in the absence of the senator for whom he is
designated alternate.

Therefore, I ______________________________________ of the ____________________________, do hereby

_________________________________  ___________________________________
printed name of dean/chair                          name of school/department

appoint ___________________________________ to serve as an alternate for the 20__ - 20__ academic year.

_________________________________  ___________________________________
printed name of alternate                          signature of dean/chair
                                                  signature of alternate

Contact Information for Alternate:

Email (required): __________________________
Phone (optional): _________________________

Please return to:
Secretary, Graduate Student Association
Student Organization Resource Center
103 Pryzbyla Center

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