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 beginning
   of the next 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 senator for the remainder of the 20__ - 20__ academic year.
   printed name of senator

   ___________________________   ___________________________
   signature of dean/chair       signature of senator

Contact Information for Senator:

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

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

Rev. 4/2012
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

<table>
<thead>
<tr>
<th>printed name of dean/chair</th>
<th>name of school/department</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>printed name of alternate</th>
</tr>
</thead>
</table>

| ___________________________ | ___________________________ |
| 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

Rev. 4/2012