



**Faculty Student Association of**  
**DOWNSTATE**  
Medical Center

**Meg O'Sullivan, Secretary**

**PROXY FORM: FOR VOTING MEMBERS ONLY**

**FSA BOARD OF DIRECTORS**

[Voting Board members are requested to complete this section only if they are not attending the meeting in person]

(Insert) **FSA Board of Directors Meeting Date:** \_\_\_\_\_

I am unable to attend the above meeting of the FSA Board of Directors and do hereby designate the following Board member as my proxy for this meeting for both quorum and voting purposes.

\_\_\_\_\_  
(Print Name of FSA Board Member You Are Assigning Your Proxy To)

Your SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Print YOUR NAME: \_\_\_\_\_

**Proxies must be signed & dated. RETURN THIS COMPLETED FORM to:  
FSA Secretary Meg O'Sullivan AS SOON AS POSSIBLE.**

- **Hand deliver to Student Center Rm 214, or**
- **Interoffice Mail to Mail Stop 114, or**
- **Scan the signed form and eMail to Meg O'Sullivan**
- **Fax to 718-270-1040.**