

UNIVERSITY OF LIMPOPO
2024/25 SCHOOL COUNCIL ELECTIONS

NOMINATION FORM

FACULTY: _____

SCHOOL: _____

POSITION: SCHOOL COUNCIL DEPUTY SECRETARY

	NAME & SURNAME	STUDENT NO.	CELL NUMBER	EMAIL	SIGNATURE
CANDIDATE					
NOMINATOR					
OBSERVER					

***NB: AS PER CLAUSE 36.4 OF THE SCHOOL COUNCIL POLICY "NO CANDIDATE SHALL BE ALLOWED TO BE NOMINATED FOR MORE THAN ONE POSITION"**

By agreeing to this nomination, the student nominated give consent to the External Electoral Scrutineers (EES) to access his/her academic record and conduct screening process in line with Section 33 of the Faculty and School Policy on the eligibility for election to the School Council.

Signature (Candidate) _____

Signature (Nominator) _____

NB. PLEASE SCAN AND SEND THE COMPLETED FORM TO::
kutenoconsulting@gmail.com