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UNIVERSITY OF LIMPOPO  
2024/25 SCHOOL COUNCIL ELECTIONS

## NOMINATION FORM

FACULTY: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

POSITION: SCHOOL COUNCIL LIAISON OFFICER

	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](mailto:kutenoconsulting@gmail.com)