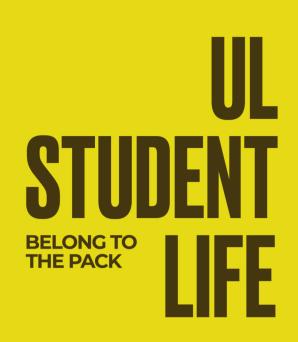
2025/26 Student Representation Nomination Form



Name.	
Student Number:	
Student Email Address:	
Department:	
Course:	
Year of study: 1st 2nd 3rd	4th Postgrad
16	•
2 7	•
3	•
4 9	•
5 10	•

Declaration:

I, the student named above, accept the nomination for the position, as indicated above, & deem myself able to fulfil the portfolio of that position.