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UNIVERSITY OF LIMPOPO

2025/26 SCHOOL COUNCIL ELECTIONS

NOMINATION FORM

FACULTY: _____

SCHOOL: _____

POSITION: **SCHOOL COUNCIL DEPUTY LIAISON OFFICER**

	NAME & SURNAME	STUDENT NO.	CELL NUMBER	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 gives 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 Council Policy on the eligibility for election to the School Council.

Signature (Candidate) _____

Signature (Nominator) _____

NB. PLEASE SCAN AND SEND THE COMPLETED FORM (using the myturf email) TO:
kutenoconsulting@gmail.com **BY NO LATER THAN FRIDAY, 19 SEPTEMBER 2025 AT 15:00**