

Candidature form for the HGAS election

Election of HGAS April 2024		Photo (voluntary)
Surname*		
Name*		
Age		
Study programme		
University semester		

Candidate	Election of HGAS April 2024	
	Surname *	
	Name *	
	Matriculation number *	
	Age	
	Study programme	
	University semester	
Address	Street & house number *	
	Postcode, city *	
	Telephone (optional)	
	E-mail (optional)	

Enrolment certificate must be attached!

I agree with my candidature and accept the election if I am voted in.

Date, Signature

* Mandatory information