



UNIVERSITY of GUYANA  
Turkeyen Campus

**Office of the Registrar**

**Students' Welfare Division**

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**UNIVERSITY of GUYANA STUDENTS' SOCIETY ELECTION, 2016/2017**  
**NOMINATION FOR FACULTY/SCHOOL REPRESENTATIVE**

<b><u>CANDIDATE</u></b> Name in Full					
	Registration No.	USI	Faculty		
<b><u>PROPOSER</u></b> Name in Full					
	Registration No.	USI	Faculty	Signature	Date
<b><u>SECONDER</u></b> Name in Full					
	Registration No.	USI	Faculty	Signature	Date
<b><u>SUPPORTERS</u></b>					
<b><u>Name in Full</u></b>	Registration No.	USI	Faculty	Signature	Date
1.					
2.					
3.					

**DECLARATION OF ACCEPTANCE**

I hereby accept nomination for office as stated hereon:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
USI

\_\_\_\_\_  
Registration No.