## Application for the students councils meeting

****

# Students Council Life Sciences

|  |
| --- |
| Information of applicant |
| matriculation number (optional): |  | Date: |  |
| Name: |  |  |  |
|  | Surname |  First name |  |
|  |  |
| Description of problem/ idea / need: |
|  |
|  |
|  |
|  |
|  |
|  |
| Comments for implementation: |
|   |
| Financial covering: |
| **If yes, add offer!** |
| Approval of the attitude |
|  |  |
| Signature of chairman | Date: |
|  |