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| **Candidate proposal**  |  **Group of students** |
| **for the Special Needs Commissioner for Students with Disabilities or Chronic Illnesses****of Rhine-Waal University of Applied Sciences** |  |

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| **Surname** | **First name** | **Faculty** | **Consent to the application (signature)** |
| Klicken Sie hier, um Text einzugeben. | Klicken Sie hier, um Text einzugeben. | Klicken Sie hier, um Text einzugeben. |  |

**The candidate proposal for the election has to be signed by two eligible voters and members of the same group.**

Klicken Sie hier, um Text einzugeben. **** Klicken Sie hier, um Text einzugeben. ****

**Name:**

|  |  |
| --- | --- |
|  **Surname and first name in block letters, signature** |  **Surname and first name in block letters, signature** |