

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

Group of students

Surname	First name	Faculty	Consent to the application (signature)

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

Name:

_____ **Surname and first name in block letters, signature**

_____ **Surname and first name in block letters, signature**