

Election proposal

Receipt election office:
No:

For the office of **Deputy** Equal Opportunities Officer in the field of **studies**:

Surname and first name of the candidate	Address & <u>e-mail</u>	Department, student ID no.	Signature of the candidate

For the office of **Deputy** Equal Opportunities Officer in the field of **research**:

Surname and first name of the candidate	Address & <u>e-mail</u>	Department, institution, date of birth	Signature of the candidate

For the office of **Deputy** Equal Opportunities Officer in the field of **administration/technology**:

Surname and first name of the candidate	Address & <u>e-mail</u>	Department, institution, date of birth	Signature of the candidate

Candidate as person of trust (*Vertrauensperson*) for the election proposal

name	signature	telephone / e-mail
------	-----------	--------------------

Attention!

Submission deadline is **22 April 2024 at 3 p.m.** at the Election Office, South Campus, HG I, Room 205.