



Študentski svet MPŠ

CANDIDACY FORM FOR THE MEMBERSHIP IN THE
JOŽEF STEFAN INTERNATIONAL POSTGRADUATE SCHOOL STUDENT COUNCIL

FORM No. 1

Candidate Information

Name and Surname: _____

Date of Birth: _____

Permanent Address: _____
(Address, City and Post Number)

Mailing Address: _____
(Address, City and Post Number)

Phone Number: _____

E-mail: _____

Programme: _____

Year: _____

Short description of yourself and why you think you are a good candidate for the IPS Student council:

Consent to the Candidacy

I, the undersigned _____, confirm that I am a candidate for the membership in the Jožef Stefan International Postgraduate School Student Council.

Signature: _____

City and Date: _____