

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:

Mailing Address:

Phone Number:

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E-mail:

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Programme: \_

Year:

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(Address, City and Post Number)

(Address, City and Post Number)

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: