Formular zurücksetzen

Formular drucken

Form for nominating candidates

for the election of the Doctoral Council:

Department:

in the position: member

on:

The nomination form must be filled out **electronically or by hand** using block letters. You must list at least one people. Each person may only be nominated once for a specific committee/representative body on the form; otherwise that person's nomination will be invalid.

Date:

Receipt: Time:

Last name	First name	Department	Job title	birth date	Private address	Signature
Last name ***only for students and doctoral candidates***	First name	FB/ZI	Degree program current semester	Matrikel-number	Private address	Signature