



dit students' union

www.ditsu.ie

DIT STUDENTS' UNION CLASS REP NOMINATION FORM

(Term of office: 1st July 2009 to 30th June 2010)

Campus: _____

Class Reps Name: _____

Student Number: _____

Programme Title: _____

Code: _____ Year of Study: _____

Mobile Number: _____

E-Mail Address: _____

Nominated By: _____

Student Number _____

Seconded By: _____

Student Number: _____

For office use only:

I confirm that the named candidate was elected on:

Witnessed on behalf of DITSU: _____

Print Name: _____

Received by DITSU:

Dated:
