Teaching University Geomedi LLC

Student Self-Government Election Committee

Medical Faculty

Student First Name, Last Name

S T A T E M E N T

I want to take part in the elections of the student self-government of Teaching University Geomedi on October 31st of this year. Please consider my candidacy.

A copy of my ID card/passport is attached to the application upon request. (one sheet)

First Name, Last Name

Date