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Candidate  
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# Candidate Nomination Form

*Southern Technical University Student Gathering of Scientific Department  
Representatives Elections 2024-2025*

Please read and complete this form fully and for submission. bring the Nomination forms to All Candidate Meeting.  
Please Send this completed nomination form Via nominations address at:

[info@stu.edu.iq](mailto:info@stu.edu.iq)

## Nominee Details

Please Note: Fields with \* are required as mandatory fields and must be filled in.

1. Legal full name*:  Last Name: _____ Given Name(s)*: _____	
2. Birth Date(M/D/Y)*: _____	3. Birthplace*: _____
4. Residence Address*: _____	5. Primary Contact telephone*: _____
6. Student E-Mail Address: _____	7. Student ID Number: _____
8. Student Department*: _____	Stage*: _____
9. Eligibility* : Please check the appropriate "yes" or "no" box for each of the questions below. a) Are you a registered student at Southern Technical University? Yes <input type="checkbox"/> No <input type="checkbox"/> b) Have you ever breached the college rules or punished with a criminal or disciplinary punishment? Yes <input type="checkbox"/> No <input type="checkbox"/> c) Do you understand your obligations as a Student Gathering of Scientific Department Representatives? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d) Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered "No" to questions (a),(c),(e), Or if you answered "yes" to question (b) you are not eligible to stand for elected President of student union or Vice president I affirm that all of the information I have provided on this nomination form is true and correct, Furthermore if I am elected, I hereby pledge to uphold the university rules and regulations and faithfully my execute the duties as student union President or Vice President or a member. Candidate's Signature: _____ Date (M/D/Y): _____	

