

## NOMINATION PAPER

**(PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS)**

We, the undersigned, being members of the electorate eligible to elect three graduates to the Sixth Governing Authority, hereby nominate the following member of the electorate as a candidate in the said election.

Please note that the name of the nominee, and the names of those nominating, should be in the form in which they appear on the university register.

**NOMINEE**

**SURNAME:** \_\_\_\_\_ **FIRST NAME(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**STUDENT NO:** \_\_\_\_\_

MAYNOOTH UNIVERSITY DEGREE(S) OBTAINED	YEAR(S) OF CONFERRING

**PERSONS NOMINATING**

**1. SURNAME:** \_\_\_\_\_ **FIRST NAME(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**STUDENT NO:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MAYNOOTH UNIVERSITY DEGREE(S) OBTAINED	YEAR(S) OF CONFERRING

**2. SURNAME:** \_\_\_\_\_ **FIRST NAME(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**STUDENT NO:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MAYNOOTH UNIVERSITY DEGREE(S) OBTAINED	YEAR(S) OF CONFERRING

**N.B. In order that the nominee may be eligible to stand as a candidate in the election, this form, fully and correctly completed, accompanied by the written consent of the nominee, must be lodged with the Returning Officer, 'Graduate Election', c/o Vivienne Murray, Room 120, Callan Building, Maynooth University, Maynooth, Co. Kildare, by 5.00 p.m. on Monday 7 October 2019 or by e-mail: [governing.authority@mu.ie](mailto:governing.authority@mu.ie).**