



Študentski svet MPŠ

CANDIDACY FORM FOR THE MEMBERSHIP IN THE
JOŽEF STEFAN INTERNATIONAL POSTGRADUATE SCHOOL STUDENT COUNCIL

FORM No. 1

Candidate Information

Name and Surname:

Date of Birth:

Permanent Address:

(Address, City and Post Number)

Mailing Address:

(Address, City and Post Number)

Phone Number:

E-mail:

Programme:

Year:

Consent to the Candidacy

I, the undersigned _____, confirm that I am a candidate for the membership in the Jožef Stefan International Postgraduate School Student Council.

Signature: _____

City and Date: _____