

Election proposal

Departmental student council (Fachschaftsrat, FSR) [Department no.: _____], elections 2025

Name of the election proposal

Representative of the election proposal

Signature

If no person authorised to declare or represent is indicated, the person seated in place 1 shall be deemed to be the person authorised to declare and represent.

Important

- Please fill in **legibly with a biro**.
- When drawing up the election proposal, attention must be paid to **gender parity** in representation. Please note the explanation in the election notice.
- The **signature** confirms the inclusion in the election proposal and is considered as an assurance to accept the election in case of an election.

Please do not write in this field!

Received

on:

at:

o'clock

Signature, date, stamp

A copy is handed over to the authorised representative of the election proposal.

Candidates

No. 1	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

No. 2	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

No. 3	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

No. 4	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

Candidates

No. 5	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

No. 6	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

No. 7	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

No. 8	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

Candidates

No. 9	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature		Gender (d/m/f)	

No. 10	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature		Gender (d/m/f)	

No. 11	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature		Gender (d/m/f)	

No. 12	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature		Gender (d/m/f)	

Election Committee

Student Parliament
Niederrhein University of Applied Sciences

stupa.hn

Candidates

No. 13	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

No. 14	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

No. 15	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

No. 16	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

Election Committee

Student Parliament
Niederrhein University of Applied Sciences

stupa.hn

Candidates

No. 17	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

No. 18	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

No. 19	Name, first name	E-mail	
Department no.	Course of study	Matriculation number	
Signature			Gender (d/m/f)

- Attach copies for other candidates if necessary. -

Election Committee

Student Parliament
Niederrhein University of Applied Sciences

stupa.hn

Supporting signatures

Please fill in **legibly with a biro**.

Name of the election proposal

The election proposal requires at least **10 supporting signatures** from eligible voters.

No.	Name, first name	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		