

MAKERERE UNIVERSITY
DEAN OF STUDENTS DEPARTMENT
ELECTORAL COMMISSION NOMINATION FORM

Name:

College:

Course:

Year of Study:

Registration No: Student No:

Constituency:

Hall: Resident: Attached (Tick where appropriate)

Telephone No: /

E-mail Address:

Next of Kin (Contact Person):

Relationship: Contact Person Tel No:

By filling this form, you fully consent to be bound by the Rules and Regulations governing electoral processes at Makerere University.

Signature: Date:

FOR OFFICIAL USE ONLY	
Comments:	
Name:	Signature:
Name:	Signature: