

SOUTH EASTERN KENYA UNIVERSITY

NOMINATION FORM FOR SEKUSA SATELLITE CAMPUS REPRESENTATIVE POSITION

ELECTION OF SATELLITE CAMPUS REPRESENTATIVE OF THE STUDENT GOVERNING COUNCIL TO BE HELD ON THE 8TH DAY OF NOVEMBER, 2021

We, the under-signed, proposer and seconder, being registered as voters in **SEKUSA**, do hereby nominate the under-mentioned person as a candidate at the said election.

Candidate's Name in Full
Reg No
Department
School
Phone NumberSEKU email address
National ID No
SignatureDate
Proposer's Full Name
Reg. Number
Department
School
Phone Number
National ID No
SignatureDate

FORM SGC 7

Seconder's Full Name:
Reg. No:
Department
School
Phone NumberSEKU email address
National ID Number
Signature: Date
And I
Signature: Date:

NOTE

- (i). FORM NOT DULLY FILLED WILL NOT BE PROCESSED
- (ii). THIS FORM SHOULD BE RETURNED BY THE ASPIRANT IN PERSON