



UNIVERSITÀ DEL PIEMONTE ORIENTALE

DEPARTMENT OF  
HEALTH SCIENCES

## Election of students representatives to the Course Councils related to the Department of Health Sciences

Annex 5

### APPLICATION ACCEPTANCE

I, the undersigned \_\_\_\_\_ serial number \_\_\_\_\_

Born in \_\_\_\_\_ on \_\_\_\_\_

Resident in \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Enrolled at Department of Health Sciences in Degree/Master Degree in:

\_\_\_\_\_

### ACCEPTS

to run for election as component of the:

Course Council of \_\_\_\_\_

in the LIST named \_\_\_\_\_

A photocopy of valid identification is attached.

Candidate's signature