NOMINATION FORM

UNIVERSITY OF EDINBURGH

To: Mrs Tracey Slaven
Deputy Returning Officer
Old College
South Bridge
Edinburgh EH8 9YL

6.

RECTORIAL ELECTION 2015

(CANDIDATE ADDRESS).....

We hereby nominate: (CANDIDATE NAME).....

for election to the Office of Rector of the University of Edinburgh.		
Name (Please use block capitals)	Signature	Matriculation Number (students) Employee/Staff Number (staff)
1.		
2.		
3.		
4.		
5.		

Name (Please use block capitals)	Signature	Matriculation Number (students) Employee/Staff Number (staff
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Name (Please use block capitals)	Signature	Matriculation Number (students) Employee/Staff Number (staff
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Name (Please use block capitals)	Signature	Matriculation Number (students) Employee/Staff Number (staff
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Name (Please use block capitals)	Signature	Matriculation Number (students) Employee/Staff Number (staff
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41.		
42.		
43.		
44.		
45.		
	City of Edinburgh Contact ¹ :	
	Address:	
	Telephone Numb	per:

¹ This can be the candidate, if the candidate lives in the City of Edinburgh.

Please note your name will be released in the event that a freedom of information request is received for information on those supporting a nomination.

Additional Nominators/

Additional Nominators

Name (Please use block capitals)	Signature	Matriculation Number (students) Employee/Staff Number (staff
1.		
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3.		
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