



# SOLOMON ISLANDS NATIONAL UNIVERSITY

## NOMINATION FORM

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PLEASE RETURN THIS COMPLETED NOMINATION FORM TO THE ADMINISTRATION OFFICE AT YOUR RESPECTIVE FACULTY, BY **04:00 pm, Friday, 28<sup>th</sup> March 2024.**

I, ....., nominate (Mr/Ms) .....

of .....(Specify Faculty/ Centre) for the position of ..... (State position)

1. **President**
2. **Vice-President**
3. **Secretary**
4. **Treasurer**

Name of nominator: .....

Faculty/Centre: .....

Signature: .....

Student ID No: .....

Seconded by (Name): .....

Faculty/Centre: .....

Signature: .....

Nominee's acceptance: .....  
Signed

Student ID No: .....

**NOTE: IF YOU DO NOT HAVE A STUDENT ID CARD, A COPY OF YOUR ENROLMENT CONFIRMATION IS REQUIRED TO BE ATTACHED TO THIS NOMINATION FORM.**