

Candidacy for the Elections of the University of Potsdam

for the Student Parliament in the Legislature 2024/2025

This document contains interactive form fields.

Please fill in the details on a computer or alternatively by writing in block letters.

First Name		Last Name	
Field of Study (primary)	Matriculation Number	Electoral List	
E-mail Address			

By signing, I irrevocably declare that I agree with the nomination and that I am prepared to accept the desired mandate in case of an election.

Place, Date

Signature of Candidate