|  |
| --- |
| **C:\Users\alfreda\OneDrive - Stellenbosch University\Documents\Registrateurs Afdeling\Logos en briefhoofde\US logo 100.jpg**  **NOMINATION FOR THE OFFICE OF CHANCELLOR**  **STELLENBOSCH UNIVERSITY** |

In accordance with paragraph 3 of the Statute of Stellenbosch University, ......................................................................................................................... is nominated by the following members of the Convocation, for the office of Chancellor of the University for the period 1 January 2020 to 31 December 2024.

*This nomination form should be accompanied by a photo, comprehensive Curriculum Vitae as well as a vision statement (50 – 100 words maximum) of the said nominee.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name and Surname (PRINT PLEASE) | ID or SU number | Signature |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |

I ......................................................................................................... hereby accept the above nomination for the office of Chancellor of Stellenbosch University for the term as mentioned above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE ID NUMBER DATE