



UNIVERSITÀ DEL PIEMONTE ORIENTALE

DEPARTMENT OF
HEALTH SCIENCES

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

Annex 2

I, the undersigned

serial number

as presenter

presents

the following list named _____

containing the names of the candidates for the student representation elections in the Course Council of _____

I, the undersigned _____ serial number _____

as presenter of the list, born in _____

on _____ resident in _____

address _____ telephone number _____

Declares

pursuant to Presidential Decree No. 445 of December 28, 2000, as amended, that the signature affixed is autograph and that he/she is aware of the criminal penalties arising from false and misrepresentation..

Presenter's signature

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