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| F:\1111.png | | **To Council of the Faculty of Education Sciences,**  **of the East European University** | | |
|  | | **Full Name** |  |  |
|  | |  |  |  |
|  | | **Position** |  |  |
|  | |  |  |  |
|  | | **Tel.:** |  |  |
| **A P P L I C A T I O N** | | | | |
| I would like to become a member of the Representative Council of the University and to contribute to the development and management of the University. Please, consider my application. | | | | |
| *Please write briefly, why you would like to become a member of the Representative Council of EEU. How will you contribute to the development and management of the University? What is your concept/vision? (No less than 100 words)* | | | | |
|  | | | | |
| Signature: | /\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_/ | | | |
| Date: |  | | | |