



**ELECTION OF CONVOCATION REPRESENTATIVES ON UEW  
GOVERNING COUNCIL (JULY 2024)**

**NOMINATION FORM**

I, ..... of the ..... (Department) hereby nominate  
.....of ..... (Department) as a candidate to contest  
for the position of Convocation Representative on UEW Council for ..... Campus on  
**Monday, 15th July, 2024.**

Signature:.....

**SECONDED/SUPPORTED BY:**

I,..... of the .....(Department) hereby support the  
nomination of .....as a candidate to contest for the position of  
Convocation Representative on UEW Council for ..... Campus on **Monday, 15th July,**  
**2024.**

Signature:.....

**NOMINEE’S CONSENT:** I, ..... accept to be a nominee to contest for  
the position of Convocation Representative on UEW Council on **Monday, 15th July, 2024.**

Signature:.....

**INSTRUCTIONS:**

- i. A nomination form shall be rendered invalid if nomination is not done by an eligible convocation member (Voter)
- ii. A nomination form shall be rendered invalid if it does not show the names of the nominee and his/her seconder/supporter
- iii. An eligible voter shall not nominate/support more than one person

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P. O. BOX 25  
WINNEBA

- iv. A nomination form shall be rendered invalid if a nominee does not accept to contest for the post of Convocation Representative on Council.
- v. All nominations must reach the Department of Publishing and Web Development (Emmanuel Kwasi Ampene Block, Room 218), Winneba Campus, OR College Registrar's Office (Ajumako Campus), whichever is applicable not later than **4:00pm on Monday, 8th July, 2024.**

**ELIGIBILITY**

1. A Voter shall be a full-time employee (Senior Member) of the University
2. A Voter shall be at post (including those on local study leave in Ghana. Those on study leave abroad should be physically present)
3. Nominees for the position shall be full-time, confirmed employees and should have been in the employ of the University for at least 2 years

**FOR OFFICE USE ONLY**

Date /Time of submission of nomination form: .....

Name /Signature of Officer receiving nomination form:.....



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