

Bilkent University

Department Student Representative Application Form (October 2024) 2024-25 Academic Year

on.

Applications must be made in pers	
Name	
Surname	
Student ID Number	
Faculty	
Department	
Year	2 3 4
E-mail*	
* All communications regarding the elections	s must be made via the current e-mail address registered with SRS.
My cumulative grade point average is	over 2.75.
• I have not served as a Department St	cudent Representative before.
• I am not in a position to graduate at	the end of the 2024-25 Academic Year Fall Semester.
• I am not on leave for the 2024-25 Ac	ademic Year Fall Semester.
 I will not continue my education at ar program in the Fall or Spring Semeste 	nother higher education institution within the scope of Erasmus or another exchange er of the 2024-25 Academic Year.
• I have not received any disciplinary p	unishment other than the warning.
• I am not a member or official of any	political party.
• I have no criminal record for any disg	raceful crime.
• I have no affiliation, involvement or o	ontact with terrorist organizations.
• I will comply with all relevant articles	of the Bilkent University Student Council Regulations.
I will follow and comply with all anno	uncements made by the Rector's Office and the Election Board on this matter.
Signature	Date
Checked by:	

Signature:

Name and Surname: