

AML MN-MSU SENATE

★★★ NOMINATION FORM

Term of Office: 1 July 2026 - 30 June 2027

MSU ELECTIONS

★ OCTOBER 2026 ★

Contact Details

BLOCK CAPITALS please.

First Name:

Last Name:

Preferred Name:

Pronouns:

Student No:

Phone No:

MU/SPPU Email Address:

Position

Please tick ONLY ONE option.

- | | | |
|--|---|---|
| ☐ Accommodation Senator | ☐ Campus Life Senator | ☐ Charity Senator |
| ☐ DARE Senator | ☐ Ethnic Diversity Senator | ☐ Environmental Sustainability Senator |
| ☐ First Year Senator | ☐ Froebel Senator | ☐ Gender Equality Senator |
| ☐ Independent Senator x3 | ☐ Mature Student Senator | ☐ Mental Health Senator |
| ☐ Parents & Carers Senator | ☐ Part-Time Course Senator | ☐ Research Postgraduate Senator |
| ☐ St. Patrick's Pontifical University Senator | ☐ Taught Postgraduate Senator x2 | |

Receipt

For Office use ONLY.

Signature of Returning Officer or their authorised Agent

DD / MM / YYYY

on behalf of the Returning Officer

Date

AMLMN-MSU SENATE



NOMINATION FORM



★ OCTOBER 2026 ★

Proposers

Please write CLEARLY.

For any nomination to be valid it must have the signatures and corresponding student numbers of the required number of students.

- **at least 60 students** for Accommodation Senator, Campus Life Senator, Charity Senator, DARE Senator, Ethnic Diversity Senator, Environmental Senator, Gender Equality Senator, Mental Health Senator and Independent Senator.
- **at least 30 students** for First Year Senator, Froebel Senator, Mature Student Senator, Parents & Carers Senator, Part-Time Course Senator, St. Patrick's Pontifical University Senator, Taught Postgraduate Senator and Research Postgraduate Senator.

All nomination forms must be returned to the Students' Union **before 1 PM on Friday, 2nd October 2026.**

NOTE: Please write BOTH your Name AND Student Number in a legible fashion or your proposal will be invalid.

We, the undersigned, propose the nomination of the candidate for the position detailed overleaf.

Name

Student No.

Signature

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____



FIND OUT MORE



...work and the authorities of the University
work in partnership at all levels with the U
interests of the members. Aontas na Mac
Ollscoil Mhá Nuad, Maigh Nuad,

Proposers

Please write CLEARLY.

Name	Student No.	Signature
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____
26. _____	_____	_____
27. _____	_____	_____
28. _____	_____	_____
29. _____	_____	_____
30. _____	_____	_____
Minimum proposer requirements met for the following positions: First Year Senator, Froebel Senator, Mature Student Senator, Parents & Carers Senator, Part-Time Course Senator, St. Patrick's Pontifical University Senator, Taught Postgraduate Senator and Research Postgraduate Senator.		
31. _____	_____	_____
32. _____	_____	_____
33. _____	_____	_____
34. _____	_____	_____
35. _____	_____	_____
36. _____	_____	_____
37. _____	_____	_____
38. _____	_____	_____
39. _____	_____	_____
40. _____	_____	_____

AMLMN-MSU SENATE



NOMINATION FORM



★ OCTOBER 2026 ★

Proposers

Please write CLEARLY.

Name

Student No.

Signature

41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			
51.			
52.			
53.			
54.			
55.			
56.			
57.			
58.			
59.			
60.			

Minimum proposer requirements met for the following positions: Accommodation Senator, Campus Life Senator, Charity Senator, DARE Senator, Ethnic Diversity Senator, Environmental Senator, Gender Equality Senator, Mental Health Senator and Independent Senator.

AMLMN-MSU SENATE



ADDITIONAL SIGNATURES



★ OCTOBER 2026 ★

Proposers

Please write CLEARLY.

Space for additional signatures and corresponding student numbers.

Why might you need additional signatures and corresponding student numbers? In case a previous signature and corresponding student number was duplicated or illegible etc. Additional signatures and corresponding student numbers will help you meet the minimum proposer requirements if a previous signature was deemed invalid.

Name

Student No.

Signature

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

Key Dates

A completed nomination form must be received by **Ann Marie Cudden or Nathan Murphy** in the Students' Union **before 1 PM on Friday 2 October 2026**

Nominations Open 9 AM | Monday, 21 September 2026

Nominations Close: 1PM | Friday, 2 October 2026

Candidates Briefing: 3PM | Friday, 2 October 2026

Campaigning Starts: 9 AM | Monday, 5 October 2026

Opening of Polls (Online): 8 AM | Tuesday, 13 October 2026

Close of Polls: 8 PM | Tuesday, 13 October 2026

Opening of Polls(On-Campus): 9AM | Tuesday, 13 October 2026

Close of Polls: 7PM | Tuesday, 13 October 2026

MSU
ELECTIONS

★ OCTOBER 2026 ★



SCAN TO
VIEW
OUR
PRIVACY
POLICY



Declaration

Please tick and sign.

Prospective candidates for all positions:

- ☐ I deem myself able to fulfil the portfolio of the position to which I am seeking election.
- ☐ I acknowledge that I have read, understand, and will abide by the Candidate Handbook.
- ☐ I consent and authorise AMLMN-MSU to use and publish any of the images in any format taken of me during the electoral process. I understand these images may be used for a variety of purposes and may appear on ballot papers, the AMLMN-MSU website, and in promotional materials for electoral and representative purposes.
- ☐ **I confirm that I accept the nomination for the position, as indicated above, and declare that the information given above is true to the best of my knowledge and belief.**

Signature of prospective candidate

Prospective Candidate's Signature

DD / MM / YYYY

Date

Returning Officer's Declaration

For Office use ONLY.

I have decided that this nomination paper is valid (or is invalid because _____).

Signature of Returning Officer or their authorised Agent

Returning Officer

DD / MM / YYYY

Date