

**Course Reps - Elect Me**

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| **Please complete this form and return by email to the relevant contact below for your Faculty:** | |
| Faculty of Arts and Social Sciences | [fasshelp@surrey.ac.uk](mailto:fasshelp@surrey.ac.uk) |
| Faculty of Engineering and Physical Sciences | [fepshelp@surrey.ac.uk](mailto:fepshelp@surrey.ac.uk) |
| Faculty of Health and Medical Sciences | [fhmshelp@surrey.ac.uk](mailto:fhmshelp@surrey.ac.uk) |

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| **Name** |  |
| **Course** |  |
| **Level** |  |
| **URN** |  |

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| **Why should you elect me as your Course Rep?** |
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