

**KWARA STATE POLYTECHNIC, ILORIN  
OFFICE OF THE DIRECTOR  
DIRECTORATE OF STUDENTS' SERVICES**

**THE UNION SHALL HAVE THE FOLLOWING OFFICERS OF THE EXECUTIVES:**

- a. President
- b. Vice President
- c. Secretary
- d. Assistant General Secretary (AGS)
- e. Social Director
- f. Assistant Social Director
- g. Welfare Director
- h. Assistant Welfare Director
- i. Sports Director
- j. Assistant Sport Director
- k. Treasurer
- l. Financial Secretary
- m. Public Relation Officer.

**OFFICERS OF THE LEGISLATIVE ARM**

- i. Speaker
- ii. Clerk

**ZONING OF 2016/2017 SUG POSTS**

<b>IAS</b>	<b>IES</b>	<b>IFMS</b>	<b>IICT</b>	<b>IOT</b>
Financial Secretary	Gen. Sec.	Speaker	President	Treasurer
Clerk	Sports Director	Welfare Director	PRO	Social Director
AGS	Social Director 2	Sports Director 2	Welfare 2	Vice President

**NOTE:** One elective position should be reserved for the ND Students in each Institute. Institutes/Departments may adopt the positions of officers of the Executives of the SUG.

Thank you.

*Adewoye, A.O.*  
*Director, DSS*

**NOTE: THIS FORM IS FOR ALL THE ELECTIONS IN THE POLYTECHNIC, (S.U.G/ INSTITUTE/ DEPARTMENTS/ CLUBS & ASSOCIATIONS.**

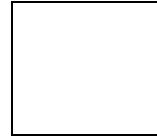
# KWARA STATE POLYTECHNIC, ILORIN

(DIRECTORATE OF STUDENTS' SERVICES)

DSS/SA/17/VOL.VII/0402

Date: .....

**NOMINATION FORM FOR  
ELECTIVE OFFICE OF THE STUDENT UNION EXECUTIVE/ INSTITUTE AND DEPARTMENTS**



PASSPORT PHOTOGRAPH

**KWARA STATE POLYTECHNIC 2016/2017 SESSION.**

Email: ....., Phone Number: .....

1. I, .....

(NAME OF STUDENT WITH MATRIC NUMBER IN FULL)

Dept. of, ....., Session,

I, ....., Head of Department of ..... duly signs and affirms that the above named Student with picture is a registered student of the Department of.....

I, .....(Name & Signature),the Director of the Institute, hereby confirms that the above named is a registered student of the Institute of ....., and is

contesting for post of .....of the Students' Union Executive/ Institute/ Department Election. We also confirm that he/ she has fulfilled the Conditions for elective post as laid down by the Polytechnic viz: Full Registration as a student of the Polytechnic and possession of valid Student Identity Card /Original E-transact Receipts.(To be sighted)

2. In the event of false declaration that is later detected, the candidate renders himself disqualified.

NAME OF NOMINATOR (Registered Student)	Matriculation Number	SIGNATURE & DATE

NAME OF GUARANTOR/ NEXT OF KIN	RELATIONSHIP	PHONE NUMBER	SIGNATURE	DATE

Name of HOD: .....,

Signature and Stamp:, .....

**Comment,**

.....  
.....

Name of Director: .....,

Signature and Stamp: .....

**Comment,**

DATE OF BIRTH: .....; STATE OF ORIGIN: .....; L.G.A: .....

**FOR OFFICE USE:**

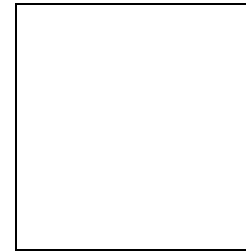
To be certify by the office of the Director, DSS

Please Tick as Appropriate: SUG/INSTITUTE/DEPARTMENT

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# KWARA STATE POLYTECHNIC, ILORIN

(DIRECTORATE OF STUDENTS' SERVICES)



PASSPORT PHOTOGRAPH

## GUIDELINE

Candidates are expected to satisfy the following requirements:

1. Aspirants for the post of President and Speaker must possess G.P.A. of at least 3.00 in the last Semester Examination and should be of intermediate or advanced level in English Language proficiency.
2. Other Aspirants must possess G.P.A. of at least 2.75 in the last Semester Examination and should be of intermediate or Advance Level in English proficiency especially the P.R.O Aspirants.
3. Candidate with G.P.A. less than the prescribed G.P.A. above cannot contest.
4. Candidate must be a duly registered Student of the Polytechnic.
5. In the event of detection of false declaration, such candidate shall be sanctioned accordingly.
6. Aspirants must be found worthy both in character and in learning.
7. All SUG nominees shall be screened by the Directorate of Students Services using the following criteria's;
  - a. Academic Standing/Registration Status
  - b. Compliance with Polytechnic Rules/Regulations and
  - c. Security Screening by Security Agencies
8. In the meantime, interested year one students can contest provided a certificate of clean bill is signed by the HOD/Director.
9. Late submission of nomination form will not be entertained.

I ....., hereby append my signature that I satisfy the above criteria.

.....

Aspirant Signature & Date

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**KWARA STATE POLYTECHNIC, ILORIN  
(OFFICE OF THE RECTOR)**

**SECURITY UNIT**

Election Screening Form "A"



**PERSONAL DATA**

NAME: .....

SEX: .....

INSTITUTE: .....

DEPARTMENT: .....

COURSE: .....

MATRIC NO: .....

SCHOOL FEES RECEIPT NO: .....

STATE OF ORIGIN: .....

LOCAL GOVT. AREA: .....

RESIDENTIAL ADDRESS AT ILORIN: .....

.....

ADDRESS OF PARENT OR GUARDIAN: .....

.....

NAME, ADDRESS & SIGNATURE OF NEXT OF KIN: .....

.....

**H.O.D.'s COMMENT**

ACADEMIC PERFORMANCE: .....

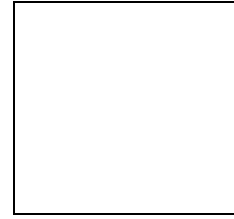
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EXTRA CURRICULAR ACTIVITIES: .....

OTHER COMMENTS: .....

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CLUBS & ASSOCIATIONS.**

**KWARA STATE POLYTECHNIC, ILORIN**  
(DIRECTORATE OF STUDENTS' SERVICES)



PASSPORT PHOTOGRAPH

**OATH OF OFFICE OF THE STUDENTS UNION GOVERNMENT**

I, ....., do solemnly swear that I will be faithful and bear the true allegiance to the Constitution of the Students' Union Government of the Kwara State Polytechnic, Ilorin.

That as the -----, I will discharge my duties to the best my ability, faithfully in accordance with the Constitution of the Students' Union Government of Kwara State Polytechnic.

That I will not allow my personal interest to influence my official conduct and decisions.

That I will to the best of my ability preserve, protect and defend the Constitution of the Students' Union Government and the Rules and Regulations guiding the conduct of the Polytechnic Students in Kwara State Polytechnic, Ilorin.

That I will do the right thing to all manner of people according to law without fear of favour, affection or ill will, I will not directly or indirectly communicate or reveal to any person any matter which shall be brought under my consideration or shall become known to me as the -----, of the Students' Union Government of the Kwara State Polytechnic, Ilorin.

So Help Me God.

Name: .....,

Matric Nos.: .....,

Department: .....,

Institute: .....,

Signature: .....

**FOR OFFICE USE:**

Name: .....,

Matric Nos.: .....,

Department: .....,

Institute: .....,

Signature: .....

**NOTE: THIS FORM IS FOR ALL THE ELECTIONS IN THE POLYTECHNIC, (S.U.G/ INSTITUTE/ DEPARTMENTS/ CLUBS & ASSOCIATIONS.**

# UNDERTAKING OF GOOD BEHAVIOUR

I, \_\_\_\_\_, of the department of \_\_\_\_\_, Institute of \_\_\_\_\_ with Matric. Nos. \_\_\_\_\_, hereby undertake to be of good behavior and to abide by the following terms as approved by the Management of the Kwara State Polytechnic, Ilorin as stated here under:

(1). a That as a Member of the 2016/ 2017 Executive Council of the Students' Union Government (SUG), I will not partake in the conduct of the ex and subsequent Students' Union Government Elections.

(b) That all subsequent Students' Union Government Elections will now be held in the First Semester of Every Academic Session without my interference.

(c) That as a Member of Students' Union Government, I will present myself, along with other executive members, to the Directorate of Students' Services (D.S.S) for administrative directives and assessment of my activities.

(d) That I will not belong to any Secret Cult, Unlawful Unions and Associations or any other gatherings with activities that are contrary to the objectives of the Kwara State Polytechnic, Ilorin.

(e) That I will be level-headed, responsible, reasonable and strife to avoid confrontation with the Staff and Management of the Kwara State Polytechnic, Ilorin.

Violation and or breach of any or all of these terms by me should constitute forfeiture of my position as an executive member of the Students' Union Government without any right to stand to contest for any elective office (s) in the Students' Union Government, Institute or Department of the Kwara State Polytechnic, Ilorin.

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**Signed.**

**In the presence of:**

**NAME:** .....

**MATRIC. NOS:** .....

**INSTITUTE:** .....

**DEPARTMENT:** .....

**SIGNATURE:** .....

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