**Aláírásgyűjtő Ív**

Aláírásommal támogatom .................................................................(Név)........................................ .............................................................(Anyja neve) .......................................................... (Szem. ig. szám) aktív hallgatói jogviszonnyal rendelkező hallgató jelölését a Katasztrófavédelmi Intézet választásán a 2017/2018.tanévben.

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Kelt.: Budapest, 2018. .................................. (hónap) ......(nap)