



**L-Università
ta' Malta**

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Prof. Alfred J. Vella
Rector

ELECTION OF ONE STUDENT REPRESENTATIVE

**ON THE BOARD OF THE FACULTY OF HEALTH SCIENCES
(vacancy is for a postgraduate student)**

TO ALL STUDENTS

In terms of Article 80(e) of the Education Act, 1988, **three members on each Faculty Board are elected by and from among the students of the Faculty concerned, at least one of whom shall be a postgraduate student.** In accordance with Article 83(1) the term of office is of two years.

There is **one** vacancy (**for a postgraduate student**) on the Board of the Faculty of Health Sciences and the term of office shall extend from 22 March 2021 till 21 March 2023.

Nominations, on forms available from the University of Malta website (<http://www.um.edu.mt/studentrepresentatives>), are to be handed in at the **Office of the Registrar (Room 209), Administration Building** by not later than **noon of Monday 1 March, 2021.**

Nominations are to be duly proposed and seconded by enrolled students. Nominated students are required to signify, in writing, acceptance of their nomination.

Nominations received will be published on the University of Malta website on **Wednesday 3 March, 2021** and all students will be informed of this by email.

Eligibility to vote: All students enrolled at the Faculty of Health Sciences during the current academic year.

Voting for these elections will take place on **Thursday 18 March, 2021** between **9:00 a.m.** and **6:00 p.m.**

An **ONLINE** election system will be used. On the day of the election, you will receive an e-mail on your University e-mail account with a link to vote. You can only vote once and your voting choices will remain anonymous.

Professor Alfred J. Vella
Rector

Office of the University,
Msida, 22 February 2021

ELECTION OF ONE STUDENT REPRESENTATIVE

**ON THE BOARD OF THE FACULTY OF HEALTH SCIENCES
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NOMINATION FORM

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NAME OF NOMINATED STUDENT: _____

NAME OF PROPOSER: _____

COURSE: _____ **YEAR:** _____ **ID No:** _____

SIGNATURE: _____

NAME OF SECONDER: _____

COURSE: _____ **YEAR:** _____ **ID No:** _____

SIGNATURE: _____

DECLARATION BY NOMINATED STUDENT

I, _____, ID No _____ a

student at the Faculty of Health Sciences, (Course: _____)

Year: _____) accept the nomination for election as a student representative on the Board of the Faculty of Health Sciences.

Signature

Date