ELECTION OF ONE STUDENT REPRESENTATIVE

ON THE BOARD OF THE FACULTY OF DENTAL SURGERY
(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 Dental Surgery for a postgraduate student and the term of office shall extend from 15 November 2019 till 14 November 2021.

Nominations, on forms available from the University of Malta website (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 Thursday 24 October, 2019.

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 Monday 28 October, 2019 and all students will be informed of this by email.

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

Voting for these elections will take place on Thursday 14 November, 2019 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, 14 October 2019
ELECTION OF ONE STUDENT REPRESENTATIVE 
ON THE BOARD OF THE FACULTY OF DENTAL SURGERY  
(vacancy is for a postgraduate student) 

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 Dental Surgery, (Course: ______________________________

Year: ________________) accept the nomination for election as a student representative on the Board of the Faculty of Dental Surgery.

__________________________ __________________________
Signature Date