



**L-Università
ta' Malta**

DEPARTMENT OF
COMPUTER INFORMATION
SYSTEMS

**Faculty of Information
& Communication
Technology**

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**ELECTION OF TWO STUDENTS' REPRESENTATIVES ON
THE BOARD OF STUDIES OF**

MSc Information Systems [Full Time](#)

NOMINATION FORM

Name of Nominated Student:	Proposed By:	Seconded By:
ID No:	Signature:	Signature:

In case, there are more than two nominated students, an election will be held.

Declaration of Student Representative on Board of Studies:

I, _____ accept to be nominated as student for the
course on _____ for a period of one year.

Nominated Student Signature

Date

Administrator Signature

Date