L-Università ta' Malta
Faculty of Information & Communication Technology

Nomination Form for Student Representatives on the Board of Studies

Course name_____

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