



**L-Università
ta' Malta**

Office of the Rector

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Prof. Alfred J. Vella
Rector

**ELECTION OF ONE STUDENT REPRESENTATIVE
ON THE BOARD OF THE FACULTY OF MEDICINE AND SURGERY
(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 Medicine and Surgery and the term of office shall extend from 27 March 2025 till 26 March 2027.

Nominations, on forms available from the University of Malta website (<http://www.um.edu.mt/studentrepresentatives>), are to be handed in at Help Hub or via email on helphub@um.edu.mt by not later than **noon of Thursday 27 February, 2025**.

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 **Tuesday 11 March, 2025** and all students will be informed of this by email.

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

Voting for these elections will take place on **Thursday 27 March, 2025** between 9:00 a.m. and 5:00 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, 11 February 2025

**ELECTION OF ONE STUDENT REPRESENTATIVE
ON THE BOARD OF THE FACULTY OF MEDICINE AND SURGERY
(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 Medicine and Surgery,

(Course: _____ Year: _____)

accept the nomination for election as a student representative on the Board of the Faculty of Medicine and Surgery.

Signature

Date