

Office of the Rector

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Prof. Alfred J. Vella Rector

ELECTION OF THREE STUDENT REPRESENTATIVES ON THE BOARD OF THE FACULTY OF DENTAL SURGERY (at least one vacancy for a postgraduate student)

TO ALL STUDENTS

According to the provisions 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 are <u>three</u> vacancies (at least one for postgraduate student) on the Board of the Faculty of Dental Surgery and the term of office shall extend from 21 March 2024 till 20 March 2026.

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 Friday 23 February, 2024.

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 <u>Tuesday 5 March, 2024</u> and all students will be informed of this by email.

<u>Eligibility to vote:</u> All students enrolled at the Faculty for Dental Surgery during the current academic year.

Voting for these elections will take place on Thursday 21 March, 2024 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, 13 February 2024

ELECTION OF THREE STUDENT REPRESENTATIVES

ON THE BOARD OF THE FACULTY OF DENTAL SURGERY (at least one vacancy for a postgraduate student)

NOMINATION FORM

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NAME OF NOMINATED S	TUDENT:		
NAME OF PROPOSER:			
		ID No:	
SIGNATURE:			
NAME OF SECONDER:			
COURSE:	YEAR:	ID No:	
SIGNATURE:			
DECLARATION BY NOMII			
ı,		, ID No	a
student at the Faculty of (Course:		Year:) accept
the nomination for electi	on as a student representation	ve on the Board of the Faculty o	of Dental Surgery.
Signature			Date