

Consent form for Support Staff to deposit material on OAR@UOM on behalf of the Department

To: OAR@UoM Team

From: Prof Kenneth P Camilleri

I hereby authorize Mrs Sanchia Cilia Lentini, bearing I.D No. 467091(M) to deposit the work (eg. Article, book chapter, etc.) entitled:

Annual Activity Report 2014/2015

Onto OAR@UoM on behalf of the Department.

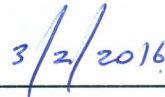
I have also duty read and agreed with the Terms and Conditions of the deposit as specified in the Deposit Agreement found at:

http://www.um.edu.mt/data/assets/pdf_file/0003/223644/med_form_and_agr_PDF.pdf.

In case you need to contact me for any clarification or verification, please send me an email at kenneth.camilleri@um.edu.mt



Signature Head of Department



Date