



L-Università
ta' Malta

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Prof. Alfred J. Vella
Rector

ELECTION OF ONE STUDENT REPRESENTATIVE

ON THE BOARD OF THE FACULTY OF DENTAL SURGERY

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 on the Board of the Faculty of Dental Surgery and the term of office shall extend from 7 November 2024 till 6 November 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 Monday 21 October, 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 **Friday 25 October, 2024** and all students will be informed of this by email.

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

Voting for these elections will take place on **Thursday 7 November, 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, 8 October 2024

**ELECTION OF ONE STUDENT REPRESENTATIVE
ON THE BOARD OF THE FACULTY OF DENTAL SURGERY
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 Dental Surgery,

(Course: _____ Year: _____)

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

Signature

Date