

#### Office of the Rector

University of Malta Msida MSD 2080, Malta

Tel: +356 2340 2202/2133 3907 rector@um.edu.mt

Prof. Alfred J. Vella Rector

#### **ELECTION OF TWO STUDENT REPRESENTATIVES**

## ON THE BOARD OF THE FACULTY OF HEALTH SCIENCES (at least one vacancy 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 are <u>two</u> vacancies (at least one for a postgraduate student) on the Board of the Faculty of Health Sciences 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 (<a href="http://www.um.edu.mt/studentrepresentatives">http://www.um.edu.mt/studentrepresentatives</a>), are to be handed in at <a href="http://www.um.edu.mt">Help Hub</a> or via email on <a href="http://www.um.edu.mt">helphub@um.edu.mt</a> by not later than <a href="mailto:noon of Monday 21 October">noon of Monday 21 October</a>, 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>Friday 25 October</u>, <u>2024</u> and all students will be informed of this by email.

<u>Eligibility to vote:</u> All students enrolled at the Faculty of Health Sciences during the current academic year.

Voting for these elections will take place on <u>Thursday 7 November</u>, <u>2024</u> between <u>9:00 a.m.</u> and <u>5:00 p.m.</u>

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

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#### **NOMINATION FORM**

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NAME OF NOMINATED	STUDENT:		
NAME OF PROPOSER:			
COURSE:	YEAR:	ID No:	<u>_</u>
SIGNATURE:		<u></u>	
NAME OF SECONDER:			
		ID No:	
SIGNATURE:			
DECLARATION BY NON	MINATED STUDENT		
l,		ID No	Ų.
A student at the Facult	y of Health Sciences,		
(Course:		Year:	)
accept the nomination Sciences.	for election as a student represe	entative on the Board of the Faculty o	of Health
Signature		Dat	te