



University of Malta
Application for Registration for Candidates
holding Overseas Qualifications

Postgraduate Courses –

Application No.

SECTION A: COURSE APPLICATION

	Course Code	Course Title
1st Preference:		
2nd Preference:		

SECTION B: PERSONAL DETAILS (USE BLOCK LETTERS)

Maltese I.D. _____ (if available) Passport No. _____

Place of Issue: _____ Valid Until: _____

Surname: _____ (Family Name) Previous Surname: _____ (if applicable)

Name: _____ Second Name: _____ (if applicable)

Gender: Male Female Date of Birth: ____/____/____
dd mm yyyy

Nationality: _____ 2nd Nationality: _____ (if dual)

Address: _____
House: _____ Telephone No.: _____

Street: _____ Mobile No.: _____

Town: _____ Email Address: _____

Postcode: _____

Country: _____

Country/Countries of residence in the last 4 years: _____

Please ensure that the above details are correct since they will be shown on your Academic Records.

SECTION C: ACADEMIC QUALIFICATIONS

Academic Qualifications

University Certificate / Diploma / Degree Qualifications

University	Qualification	Area(s) of Study	Duration & Years Attended	Final Classification	Graduation Year/Expected Year

SECTION D: APPLICANT'S ACADEMIC BACKGROUND

In this section please indicate whether you have ever attended any courses at the University of Malta.

Were you ever, or are you still, a student at the University of Malta? Yes No

If Yes, please complete the following:

Course Name 1: _____

Date of Admission: _____ Outcome*: _____ Date: _____

Course Name 2: _____

Date of Admission: _____ Outcome*: _____ Date: _____

Course Name 3: _____

Date of Admission: _____ Outcome*: _____ Date: _____

* Please select one of the following: Resigned / Failed / Still Registered / Passed (Graduated)

SECTION E: SECURE ENGLISH LANGUAGE TEST RESULT

All teaching at the University of Malta is done in English. A high level of proficiency is expected to ensure that the applicant is in a position to follow lectures and discussions. The minimum scores required for tests may be accessed through the following link:

http://www.um.edu.mt/int-eu/international/english_language_requirements

I sat for:

Board *	Session mm / yyyy	Overall Score/Grade Obtained
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_____	_____	_____
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I will be sitting for:

Board *	Session mm / yyyy
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_____	_____ and will be attaching confirmation letter from the Test Centre.
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* Please select one of the following: Cambridge Advanced Certificate / IELTS / TOEFL / Other (Please specify)

SECTION F: RESEARCH AREA

With their application, applicants for Masters degrees mainly by research are requested to submit a document that includes the following details:

- a provisional title for the dissertation,
- a research proposal of at least 300 words,
- in the case where studies will be undertaken on a part-time basis, the number of hours that will be dedicated to research work.

SECTION G: EMPLOYMENT HISTORY

State employer's name, grade and responsibility, telephone number, e-mail address, dates of employment.

Employer	Position of Applicant	Employer Phone	Employer E-mail	Employment Dates (from - to)		
				-		
				-		
				-		
				-		

SECTION H: HEAD OF UNIVERSITY/ACADEMIC INSTITUTION LAST ATTENDED

Name: _____ Position Held: _____
 Telephone No.: _____ Email Address: _____
 Address: _____

SECTION I: NEXT OF KIN

Do you have any family in Malta? Yes No
 If Yes, please indicate:

Name: _____ Telephone No.: _____
 Address: _____
 Relation to Applicant: _____

SECTION J: OTHER INFORMATION

How did you learn about the University of Malta? (*tick as applicable*)

- Agent. If so, please state name of agent/agency _____
 University of Malta website Other. Please state _____

SECTION K: SCHOLARSHIP/SPONSORSHIP INFORMATION

This section is to be filled only by applicants who have applied or intend to apply for any funding.

Funding Type: _____ Funding Status: _____

If other, please specify: _____

Please note that these details are being requested for information purposes only. **This application does not constitute an application for a scholarship/sponsorship.**

SECTION L: DISABLED APPLICANTS

Do you have any disability that the University of Malta should be aware of? Tick as appropriate

Yes No

If yes, please specify:

Hearing Impairment	<input type="checkbox"/>
Mobility Impairment	<input type="checkbox"/>
Specific Learning Difficulty	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>

Other _____

SECTION M: ADDITIONAL NOTES

If you need to specify any additional relevant information related to your application, or you wish to give us feedback, you may enter it in the space provided below:

SECTION N: DISCLOSURE OF PERSONAL DATA TO THIRD PARTIES

In accordance with the University of Malta privacy policy, your details will be used for the sole purpose of conducting internal business and any personal information will not be disclosed to third parties without your consent in writing. Computer and paper records are kept about each student's studies, both during the course and after completion of studies.

The Registrar receives requests to forward emails on behalf of University of Malta / Junior College staff / students, Senate recognised students' organisations related to activities being organised, questionnaires required for research etc.

Would you agree to receive such material? Yes, **I agree** No, I **do not** agree

SECTION P: STATEMENT OF INTEGRITY

It is important to read carefully the statement below before ticking the box

I declare that the information given is **correct and complete**. I am aware that the application will not be considered or an offer may be withdrawn if incorrect or incomplete information is given. I hereby authorise the University of Malta to request and obtain any information from any institution, entity, body, unit, organ and/or organisation, provided this information is considered necessary by the University of Malta for the purposes of this application. Such information may include documentary evidence. I hereby give my consent to the release of such information since I am fully aware that the University of Malta will exercise its above mentioned discretionary powers in a fair and equitable manner, and solely in connection with this application. I further declare that, with the exception of the above mentioned circumstance, I am aware that this information shall not be used for any other purpose or for any other application I may decide to file in future.