



**University of Malta**  
**Application for Registration for Candidates**  
**holding Local Qualifications**

**Postgraduate Courses –**

**Application No.**

**SECTION A: COURSE APPLICATION**

	Course Code	Course Title
<b>1<sup>st</sup> Preference:</b>		
<b>2<sup>nd</sup> Preference:</b>		

**SECTION B: PERSONAL DETAILS (USE BLOCK LETTERS)**

Maltese I.D. \_\_\_\_\_ Passport No. \_\_\_\_\_

Surname: \_\_\_\_\_ Previous Surname: \_\_\_\_\_  
 (Family Name) (if applicable)

Name: \_\_\_\_\_ Second Name: \_\_\_\_\_  
 (if applicable)

Gender: Male  Female  Date of Birth: \_\_\_/\_\_\_/\_\_\_  
dd mm yyyy

Nationality: \_\_\_\_\_ 2<sup>nd</sup> Nationality: \_\_\_\_\_  
 (if dual)

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 House: \_\_\_\_\_

Street: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Town: \_\_\_\_\_ Email Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

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

**SECTION C: QUALIFICATIONS**

**Academic Qualifications**

**University Certificate / Diploma / Degree Qualifications**

University	Qualification	Area(s) of Study	Final Classification	Graduation Year/Expected Year

### Other Qualifications

Please list any other awards that are relevant to your application. You are also required to list any qualifications for which you are still awaiting results.

Award/Subject	Examining Body	Result	Session (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: 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 F: 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 G: OTHER DETAILS SECTION

Educational History

Form V (Name of School): \_\_\_\_\_

Sixth Form (Name of School): \_\_\_\_\_

Optional Information (Required purely for statistical purposes)

Please  where appropriate:

	Primary	Secondary	Post-Secondary	Tertiary
Father's Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother's Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION H: 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 I: 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 J: 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 K: 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:

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**SECTION M: 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.