Application for Registration for the Master/Postgraduate Diploma in Contemporary Diplomacy for Intake _________

For internal use
Application No. ____________

SECTION A: COURSE APPLICATION

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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<td>1st Preference:</td>
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<td>2nd Preference</td>
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Data Privacy Policy

The data below is requested in view of your application for admission to the University of Malta. This data will be processed strictly in accordance with the provisions of the General Data Protection Regulation (GDPR) and all other applicable privacy and data protection legislation. To learn more about your rights and the University’s processing of your personal data, please visit: https://www.um.edu.mt/registrar/students/dataprivacystatement.

SECTION B: PERSONAL DETAILS (USE BLOCK LETTERS)

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

Place of Issue: ________________________ Valid Until: ________________________

Surname: ____________________________ Previous Surname: ________________________
(Family Name) (if applicable)

Name: ____________________________ Second Name: ____________________________
(if applicable)

Gender: Male ☐ Female ☐ Date of Birth: ___/___/___ Age: ________

dd mm yyyy

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

Address:
House No.: ____________________________ Home Tel. No.: ____________________________

Street: ____________________________ Work Tel. No.: ____________________________

Town: ____________________________ Mobile No.: ____________________________

Postcode: ____________________________ Email Address: ____________________________
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 Qualification

<table>
<thead>
<tr>
<th>University</th>
<th>Qualification</th>
<th>Area(s) of Study</th>
<th>Duration &amp; Years Attended</th>
<th>Final Classification</th>
<th>Graduation Year/ Expected Year</th>
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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: https://www.um.edu.mt/international/international/english_language_requirements

I sat for:

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<tr>
<th>Board*</th>
<th>Session (mm/yyyy)</th>
<th>Overall Score/Grade Obtained</th>
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I will also be sitting for:

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<th>Board*</th>
<th>Session (mm/yyyy)</th>
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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.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position of Applicat</th>
<th>Employer Phone</th>
<th>Employer E-mail</th>
<th>Employment Dates (from – to)</th>
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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 / MEDICAL CONDITION

In submitting your personal information, you are agreeing that University staff may use your details for the purpose of conducting the business of the University, including providing you with appropriate help and services to facilitate your studies.

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
- Mobility Impairment
- Specific Learning Difficulty
- Visual Impairment

A Disability / Medical Condition not listed: _______________________________________________

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: 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** at the time of submission of this application. I bind myself to produce original certificates by the date indicated to me. The University of Malta reserves the right to withdraw or amend any offer made or terminate any subsequent registration should the information given in the application be found to be incorrect.

Integrity Approval

☐ I have read and agree with the above statement

__________________________________________________________
Applicant’s Signature

__________________________________________________________
Date