



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

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:

[https://www.um.edu.mt/international/international/english\\_language\\_requirements](https://www.um.edu.mt/international/international/english_language_requirements)

I sat for:

Board*	Session (mm/yyyy)	Overall Score/Grade Obtained
_____	_____	_____

I will also be sitting for:

Board*	Session (mm/yyyy)	
_____	_____	and will be attaching confirmation letter from the Test Centre

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

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