

Application for Registration for the Master/Postgraduate Diploma in Contemporary Diplomacy (with an option to specialise in Internet Governance) for the Academic Year 2018/9

Application No.

SECTION A: COURSE API	PLICATION				
	Course Code	Course Title			
1st Preference:					
2nd Preference					
Data Privacy Policy					
will be processed strictly (GDPR) and all other app and the University's proc	in accordance with the p				
SECTION B: PERSONAL D	DETAILS (USE BLOCK LETT	ERS)			
Maltese I.D Passport No (if available)					
Place of Issue:		Valid Until:			
Surname:(Family Name)		Previous Surname:(if applicable)			
Name:		Second Name:(if applicable)			
Gender: Male □ Female □		Date of Birth:/ Age:			
Nationality:		2nd Nationality: (if dual)			
Address: House No.:		Home Tel. No.:			
Street:		Work Tel. No.:			
Town:		Mobile No.:			
Postcode:		Email Address:			

Country:						
Country/Countri	es of residence in t	he last 4 years: _				
Please ensure th	at the above detail	s are correct sinc	e they will be show	n on your Academ	nic Records.	
Section C: ACAD	EMIC QUALIFICAT	ONS				
Academic Qualif	ications					
University Certif	icate / Diploma / De	egree Qualification	on			
University	Qualification	Area(s) of Study	Duration & Years Attended	Final Classification	Graduation Year/ Expected Year	
Section D: APPL	ICANT'S ACADEMIC	BACKGROUND				
n this section plea	ase indicate wheth	er you have ever	attended any cour	ses at the Univers	sity of Malta.	
Were you ever, or	are you still, a stud	ent at the Univer	sity of Malta?	Yes No No		
	olete the following:					
Date of Admission	:	Outcome*:		_ Date:		
Course Name 2:						
Date of Admission	·	Outcome*:		Date:		
Course Name 3:						
			Dat			

^{*}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

<u>I sat for:</u>		
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 specify)	: Cambridge Advance	d Certificate / IELTS / TOEFL / Other (Please
Section F: RESEARCH AREA		

With their application, applicats 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 responsability, telephone number, e-mail address, dates of employment.

Employer	Position of Applicat	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 appli	cable)			
Agent. If so, please state name of agent/agency				
☐ University of Malta website ☐	Other. Please State			
Section K: SCHOLARSHIP/ SPONSORSHIP INFORMATION				
This continuits to be filled only 1	Landahan dan sambufan f P.			
This section is to be filled only by applicants who have applied	i or intend to apply for any funding.			
Funding Type:	Funding Status:			
If other, please specify:				
Please note that these details are being requested for inform 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 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				

Date

Applicant's Signature