



Application No.

SECTION A: COURSE APPLICATION

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

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: _____ 2nd 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

Applicants for Master's 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.

The document should be sent to the officer in charge of the Faculty/Institute/Centre/School where you will be carrying out your research by not later than one week after submission of your online application.

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): _____

Required for statistical purposes only
Please where appropriate:

	Primary	Secondary	Post-Secondary	Tertiary	Unknown
Father's Education	<input type="checkbox"/>	<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"/>	<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: APPLICANTS WITH A DISABILITY / MEDICAL CONDITION

In submitting your personal information online, 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 / medical condition that the University of Malta should be aware of?

Yes No

If yes, please specify:

Hearing Impairment	<input type="checkbox"/>
Mobility Impairment	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>
Specific Learning Difficulty	<input type="checkbox"/>
A Disability / Medical Condition Not Listed	<input type="checkbox"/>

Other _____

SECTION J: PROMOTIONAL MATERIAL AND QUESTIONNAIRES

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:

SECTION L: FULL-TIME EMPLOYMENT STATEMENT

Kindly read and confirm your agreement with the statement below.

Please note that you should familiarise yourself with the General Regulations and the regulations or bye-laws applicable to your course. In particular, you should be aware that in accordance with Regulation 20 (2) of the General Regulations for University Postgraduate Awards, 2008, applicants employed on a full-time basis shall not normally be allowed to register as full-time students, except in situations where applicants provide evidence showing that their employer is willing to grant sufficient time off work to allow them to pursue their full-time studies.

You should also be aware that the University of Malta will not excuse students who are allowed sufficient time off work to pursue full-time studies from missing lectures or other teaching activities and neither will it tolerate late submission of assignments or any defaults in coursework due to work or unauthorised commitments. No rescheduling of lecturing-related activities, examinations or vivas will be approved to accommodate such commitments.

Applicants registered on a course on a full-time basis found to be in full-time employment without permission of the University may have their status changed to part-time with effect from the date of registration. Fees applicable to part-time courses would be due as appropriate.

I have read and accept the above conditions

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 at the time of submission of this application. I bind myself to produce original certificates and proof of payment of the application fee by the date indicated to me. 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. 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.

I am aware that my personal data may be used as follows: for internal business processes of the University, research purposes, as required by the Laws of Malta or in cases where in the opinion of the Registrar it is in my interest to do so. Computer and paper records are kept about each student's studies, both during the course and after completion of studies.

SECTION N: APPLICATION FEE

For information regarding the applicable application fees, kindly contact admissions@um.edu.mt

SECTION O: SUBMISSION OF APPLICATION

The completed form and any other required documents are to be sent via e-mail to: admissions@um.edu.mt