
Travel Grant Recommendation Form

Section A: to be filled in by the **Student** applying for Travel Grant

Name: _____
ID Number: _____
Course Title: _____
Course Year: _____
Name of Institution to be visited: _____
Period of visit: (start date) ____/____/____ (end date) ____/____/____.

Section B: To be filled in by the **Head of Department / Director**

You are kindly requested to add any information which is relevant to this application.

This recommendation should be given to the student in order to be scanned and attached to the online Travel Grant Application.

Should you need to send any comments in confidence which you feel are not to be seen by the student applicant, you may do so by sending an email to sas@um.edu.mt quoting name of student and course. Such details will only be disclosed with the Student Affairs Committee members upon reviewing the applications.

Indicate the relevance that this visit has to the applicant's course of study

Obligatory Component of course	Strongly Related	Related	Indirectly Related	Not Relevant	Not Approved
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on applicant's ability to pursue visit

Recommended by:
Name & Surname: _____
Designation: _____
Signature: _____
Date: _____

Official Rubber Stamp
