

## **VISITING STUDENTS APPLICATION FORM**

ACADEMIC YEAR \_\_\_\_\_

### **INSTRUCTIONS TO APPLICANTS**

Please read the following instructions carefully before filling in the form.

1. Erasmus students should not fill in this form
2. Complete all sections. If any section is left incomplete, the application will not be processed.
3. Exchange/Visiting students should be registered students at a University abroad.
4. Visiting students do not obtain a degree/diploma from the University of Malta. An official academic transcript is issued to exchange/visiting students once all the results of their study-units are published.
5. Visiting Students are classified as follows:

#### **Exchange students**

Registered students of a University with which the University of Malta has a formal agreement. Exchange students should be nominated by their home University prior to sending the application documents.

#### **Visiting students**

If there is no formal agreement between the University of Malta and the home university, students can study at UM as visiting students for one semester or a full academic year. They can register for study-units on a tuition fee basis.

#### **Applications Deadlines:**

Students applying for Semester 1 or Full Academic Year - Deadline: 1st May

Students applying for Semester 2 - Deadline: 1st October



**SECTION A: PERSONAL DETAILS (Please Use Block Letters)**

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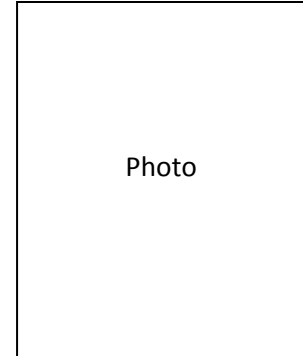
Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Country of residence: \_\_\_\_\_ Tel.: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: (d/m/y) \_\_\_\_\_

Sex: Male  Female  Other

Passport No.: \_\_\_\_\_ Country of issue: \_\_\_\_\_

Valid until (d/m/y): \_\_\_\_\_

Country/Countries of residence in the last 4 years:

\_\_\_\_\_

Nationality: 1 \_\_\_\_\_ 2 (if dual) \_\_\_\_\_

## SECTION B: EDUCATIONAL BACKGROUND

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Name of your home University: \_\_\_\_\_

Contact person at your University: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Degree in Progress at your University: \_\_\_\_\_

Major Area of study: \_\_\_\_\_ Minor Area (if applicable): \_\_\_\_\_

### Mark as applicable:

Exchange

Visiting

Full Year (Oct-June)

Semester 1 (Oct-Feb)

Semester 2 (Feb-June)

Main Area/s of study you intend to pursue at the University of Malta?

\_\_\_\_\_

Special interest, if any within this area

\_\_\_\_\_

## SECTION C: ENGLISH LANGUAGE PROFICIENCY

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The language of instruction at the University of Malta is English, and students are expected to be fluent in the English language which will enable them to successfully complete their Visiting Programme.

Students who do not speak English as a first language need to submit an official letter of recommendation from their home university stating that their level of English is adequate for them to be able to follow lectures at the University of Malta with profit.

Primary Language Spoken: \_\_\_\_\_

Language of Instruction at home university: \_\_\_\_\_

\_\_\_\_\_





**SECTION G: REFEREES**

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Name two people whom the University of Malta may consult in confidence about your application:

(1) Name \_\_\_\_\_ Tel No.: \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_

(2) Name \_\_\_\_\_ Tel No.: \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_

**SECTION H: OTHER INFORMATION**

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How did you learn about the University of Malta?  
Through:

- The University of Malta website
- An Agent            If yes, please state name of agent/agency \_\_\_\_\_
- A University of Malta student
- Other                Please state \_\_\_\_\_

**SECTION I: APPLICATION FEE (NOT FOR EXCHANGE STUDENTS)**

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Payment of application fee (tick as applicable)     

Bank Transfer Cheque sent with application        
(N.B. ATTACH A COPY OF BANK TRANSFER)



**SECTION J: STATEMENT OF INTEGRITY**

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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.

Signature \_\_\_\_\_ Date \_\_\_\_\_