



**Departmental Agreement Form**

**Name of student:**

**Student ID:**

**Faculty:** Social Wellbeing

**Course:** Bachelor of Arts

**Academic Year:** 2024/25

**Year of study:** 2<sup>nd</sup> year

The following study-unit is the compulsory study-units to be followed during the first semester of the second year of the 2024-2025 B.A. (Psychology) course at the University of Malta:

- PSY1606 Social Psychology – 6 ECTS

I confirm that I will be taking the following study-units, in lieu of the compulsory study-units displayed above, in semester 1 at *[insert name of host university]*:

UM Study-Unit	Host University			<i>If you did not find an alternative, indicate when you intend to follow this study-unit.</i>
Code and Name	Code	Name	Credit Value	
	<i>Insert the study-unit code</i>	<i>Insert the study-unit name</i>	<i>Insert the study-unit value</i>	
PSY1606 Social Psychology				

I confirm that I have discussed and confirmed the suitability of the above-mentioned option to be followed at the Host University with the respective study-unit lecturer/s at the University of Malta.

I will also be taking the following additional study units:

<b>Host University</b>		
<b>Code</b>	<b>Name</b>	<b>Credit Value</b>
<i>Insert the study-unit code</i>	<i>Insert the study-unit name</i>	<i>Insert the study-unit value</i>

**STUDENT:**

**SIGNATURE:**

**DATE:**

**DEPARTMENTAL COORDINATOR: Dr Lorleen Farrugia**

**SIGNATURE:**

**HEAD OF DEPARTMENT: Dr Gottfried Catania**

**SIGNATURE:**