



Departmental Agreement Form

Name of student:

Student ID:

Faculty: Social Wellbeing

Course: B.Psy (Hons).

Academic Year: 2024/25

Year of study: 2nd year

The following study-units are the compulsory study-units to be followed during the second semester of the second year of the 2024-2025 B.Psy (Hons) course at the University of Malta:

- PSY2610 Psychopathology – 4 ECTS
- PSY2623 Work psychology – 6 ECTS
- PSY2633 Health 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 2 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>	
PSY2610 Psychopathology				
PSY2623 Work Psychology				
PSY2633 Health Psychology				

I confirm that I have discussed and confirmed the suitability of the above-mentioned options 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:

Host University		
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>

Total Number of ECTS taken in Semester 2: _____

STUDENT:

SIGNATURE:

DATE:

DEPARTMENTAL COORDINATOR: Dr Lorleen Farrugia

SIGNATURE:

HEAD OF DEPARTMENT: Dr Gottfried Catania

SIGNATURE: