



Application for Registration for the Master/Postgraduate Diploma in Contemporary Diplomacy (with an option to specialise in Internet Governance) for the Academic Year 2020/21

Application No.

SECTION A: COURSE APPLICATION

	Course Code	Course Title
1st Preference:		
2nd Preference		

Data Privacy Policy

The data below is requested in view of your application for admission to the University of Malta. This data will be processed strictly in accordance with the provisions of the General Data Protection Regulation (GDPR) and all other applicable privacy and data protection legislation. To learn more about your rights and the University's processing of your personal data, please visit:
<https://www.um.edu.mt/registrar/students/dataprivacystatement>.

SECTION B: PERSONAL DETAILS (USE BLOCK LETTERS)

Maltese I.D. _____ Passport No. _____
(if available)

Place of Issue: _____ Valid Until: _____

Surname: _____ Previous Surname: _____
(Family Name) (if applicable)

Name: _____ Second Name: _____
(if applicable)

Gender: Male Female Date of Birth: ___/___/___ Age: _____
dd mm yyyy

Nationality: _____ 2nd Nationality: _____
(if dual)

Address: _____
House No.: _____ Home Tel. No.: _____

Street: _____ Work Tel. No.: _____

Town: _____ Mobile No.: _____

Postcode: _____ Email Address: _____

Country: _____

Country/Countries of residence in the last 4 years: _____

Please ensure that the above details are correct since they will be shown on your Academic Records.

Section C: ACADEMIC QUALIFICATIONS

Academic Qualifications

University Certificate / Diploma / Degree Qualification

University	Qualification	Area(s) of Study	Duration & Years Attended	Final Classification	Graduation Year/ Expected 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: SECURE ENGLISH LANGUAGE TEST RESULT

All teaching at the University of Malta is done in English. A high level of proficiency is expected to ensure that the applicant is in a position to follow lectures and discussions. The minimum scores required for tests may be accessed through the following link:

https://www.um.edu.mt/international/international/english_language_requirements

I sat for:

Board*	Session (mm/yyyy)	Overall Score/Grade Obtained
_____	_____	_____

I will also be sitting for:

Board*	Session (mm/yyyy)	
_____	_____	and will be attaching confirmation letter from the Test Centre

*Please select one of the following: Cambridge Advanced Certificate / IELTS / TOEFL / Other (Please specify)

Section F: RESEARCH AREA

With their application, applicants for Masters 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.

Section G: 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 H: HEAD OF UNIVERSITY / ACADEMIC INSTITUTION LAST ATTENDED

Name: _____ Position Held: _____

Telephone No.: _____ Email Address: _____

Address: _____

Section I: NEXT OF KIN

Do you have any family in Malta? Yes No

If Yes, please indicate:

Name: _____ Telephone No.: _____

Address: _____

Relation to Applicant: _____

Section J: OTHER INFORMATION

How did you learn about the University of Malta? (*tick as applicable*)

Agent. If so, please state name of agent/agency _____

University of Malta website Other. Please State _____

Section K: 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 L: DISABLED APPLICANTS / MEDICAL CONDITION

In submitting your personal information, 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 that the University of Malta should be aware of? Tick as appropriate

Yes No

If yes, please specify:

Hearing Impairment
Mobility Impairment
Specific Learning Difficulty
Visual Impairment

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

A Disability / Medical Condition not listed: _____

Section M: 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 N: 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 by the date indicated to me. 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.

Integrity Approval

I have read and agree with the above statement

Applicant's Signature

Date