APPLICATION FOR STUDY-UNITS OFFERED DURING February - June 2014:

Tick ☑ the one/s you would like to register for *

VSA2911 - Life Drawing Workshop 1 (4 ECTS) ☐
VSA2921 - Painting Workshop 1 (4 ECTS) ☐
VSA2931 - Photography Workshop 1 (4 ECTS) ☐

* IMPORTANT: Applicants cannot apply for more than 12 ECTS credits per academic year.

SECTION A: PERSONAL DETAILS (USE BLOCK LETTERS)

I.D. Card No. ____________________ Gender: Male ☐ Female ☐
Surname*: ____________________ Name*: ____________________
Maiden Surname: ________________ Date of Birth: ___/____/_____ Age: _______

Nationality: (1) ____________________ (2) ____________________
Address:
House No.: ____________________ Home Tel. No.: ____________________
Street: ____________________ Work Tel. No.: ____________________
Town: ____________________ Mobile No.: ____________________
Postcode: ____________________ Email Address: ____________________
Country: ____________________

* This is the name that will be shown on your transcript.

Section B: DISCLOSURE OF PERSONAL DATA TO THIRD PARTIES

In accordance with the University of Malta privacy policy, your details will be used for the sole purpose of conducting internal business and any personal information will not be disclosed to third parties without your consent in writing. Computer and paper records are kept about each student’s studies, both during the course and after completion of studies.

The Registrar receives requests to forward emails on behalf of University of Malta / Junior College staff / students, Senate recognised students’ organisations related to activities being organised, questionnaires required for research etc.

Would you agree to receive such material? ☐ Yes, I agree ☐ No, I do not agree
Section C: CONTACT PERSON IN CASE OF EMERGENCY

Relationship to Applicant: ___________________ Surname: ___________________ Name: _____________
Address: Same as Applicant?  □ Yes □ No
If No, please specify: ________________________________________________________________
Postcode: ________________
Telephone/Mobile No.: ________________

Section D: DISABLED APPLICANTS

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 ☐
Other ____________________________________________

Section E: ADDITIONAL INFORMATION

• Application forms must be handed in personally to The Faculty Officer, Faculty for the Built Environment Building, Room 205
• Course Fees payable: €200 per study-unit

Section F: 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 proof of payment of the study-unit/s fee/s 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.

__________________________________________  ___________________________
Applicant’s Signature                  Date