



Ref No: _____

APPLICATION FOR WAIVER OF COURSE FEES

This application is solely to determine eligibility for the waiver of Course Fees. It does not register you with a University course.

EMPLOYEES AND DEPENDENT STUDENTS MUST COMPLETE THE FOLLOWING SECTION AND SIGN IN THE SPACES PROVIDED. THE COMPLETED FORM IS TO BE SUBMITTED TO THE BILLING SECTION, FINANCE OFFICE, AT LEAST TWO WEEKS BEFORE

EMPLOYEE	In case waiver is for DEPENDENT / SPOUSE
Name & Surname: _____	Name & Surname: _____
ID No/Student No: _____	ID No/Student No: _____
	Relationship to Employee: _____
	Course: _____
	Course Duration: _____
Type of Appointment (FT or PT) _____	
Course: _____	
Year of course: _____	
Mobile no: _____	
Campus address: _____	
E-mail address: _____	

ELIGIBILITY INFORMATION

I understand that I am responsible for paying the appropriate course fees if I terminate my employment with the University of Malta before successfully completing the course.

By signing below I/we certify that I/we meet all the eligibility guidelines set forth above. Misrepresentation of eligibility by employee or student may be cause for the employee's discharge and any waiver received may be withheld from the employee's salary or charged to the student's account. The value of the waiver course may also be withheld from the employee's salary or charged to the student's account if the employee terminates employment.

Employee's Signature

Student's Signature

Date: