



L-Università ta' Malta
Faculty of Health Sciences

Master of Science (by Research)
Expression of Interest Form
Academic Year 2021/22

Please complete this form and submit it together with your research proposal and other required documentation to the Faculty Office (Room 2, Block A, Level 1, Mater Dei Hospital), **preferably by the end of June 2021.**

Student name: _____ ID no.: _____

Email address: _____ Phone no.: _____

I have discussed the possibility of carrying out research with the following title:

with the following Potential Supervisor/s:

Proposed Principal Supervisor (required): _____

Signature: _____ Date: _____

Proposed Co-Supervisor (if applicable): _____

Signature: _____ Date: _____

I am attaching a copy of my research proposal and a detailed Curriculum Vitae. I confirm that I have completed the online application process for this degree programme.

Please indicate whether you have applied (or intend to apply) to carry out research towards a degree or diploma in another Faculty, Institute, Department or University during academic year 2021/22.

Details:

Applicant's signature: _____

Date: _____