L-Università ta' Malta

People, Culture & Engagement Directorate
University of Malta
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APPLICATION FORM - PART-TIME VISITING POST

Faculty		
Department		
Desired Grade		
No. Of Hours/week available to teach during term time		
Desired Area/s of Specialisation	**Study Unit Code:**	**Name of Study Unit:**

Personal Information

Title			
Name & Surname			
ID card no.		**Date of Birth**	
Address			
Telephone No.		**Mobile :**	
e-mail address			
Nationality			

Kindly attach information about your post graduate qualification/s and professional experience in a position of responsibility related to the subject matter you are engaged to teach and a one set of copies of relevant certificates.