H

L-Università ta' Malta

MATSEC
Examinations Board
Tel: +356 2340 2814/5/6
matsec@um.edu.mt

FORM H - Unit Appeals / Synoptic Assessment Registration

Vocational Subjects

Name and Surname:	
ID card Number:	
Telephone Number:	
Mobile Number:	
Email Address:	
Home Address:	
School Attended:	

SUBJECT	**APPEAL**	**SYNOPTIC**	
	UNIT 3 (✓)	**UNIT 2 (✓)**	**UNIT 3 (✓)**
SEC Agribusiness	☐	☐	☐
SEC Engineering Technology	☐	☐	☐
SEC Fashion & Textiles	☐		☐
SEC Hairdressing & Beauty	☐	☐	☐
SEC Health & Social Care	☐	☐	☐
SEC Hospitality	☐	☐	☐
SEC Information Technology	☐	☐	☐
SEC Media Literacy Education	☐	☐	☐
SEC Retail	☐	☐	☐

Number of Appeals		@ €35	€
Late Fee per Subject		€35	€
Very Late Fee per Subject		€70	€
Total			€

For office use	
Receipt No.	
Paid	

Candidate's Signature _____ **Date** _____ **MATSEC's Official Signature** _____

Signatory's Declaration (if applicable)

I, _____ ID no _____ am legally authorised to register for MATSEC examinations on behalf of this candidate. If necessary for the purpose of this registration, I am legally authorised to provide/amend any personal data which MATSEC holds in relation to this candidate.

Signature: _____ *Date:* _____