



**L-Università ta' Malta**  
**Faculty of Health Sciences**

**Bachelor of Science (Honours)**  
**in**  
**Mental Health Nursing**

I, the undersigned authorise the Faculty of Health Sciences, University of Malta to inform the Nursing Services Directorate, Ministry for Health, of the final average mark obtained towards the award of the Bachelor of Science (Honours) in Mental Health Nursing.

NAME & SURNAME: \_\_\_\_\_ ID CARD NO: \_\_\_\_\_

PERSONAL EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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