



UNIVERSITY OF MALTA
DEPARTMENT OF PSYCHOLOGY
REGISTRATION FOR STUDY-UNITS
ACADEMIC YEAR 2022/3

Surname: _____ Name: _____

Address: _____

_____ Post Code: _____

Tel. No: _____ I.D. No: _____

Mobile No: _____ E-mail: _____

Year: _____ Course: _____

I am registering for and attending the following study units:

Code	Title	Comp/Elec/ Optional	Credit Value	Availability Year, Sem1/2
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Notes:

Not to Exceed 60 credits in the whole year.

Students are to fill the correct Unit Code and the correct Title.

Please note that it is the responsibility of the student to abide by the regulations.

PLEASE MAKE SURE THAT YOU RETAIN A COPY OF THIS COMPLETED REGISTRATION SHEET BEFORE HANDING IT TO THE PSYCHOLOGY DEPARTMENT.

Registration sheet should be sent by email to the Psychology administrators on the below email addresses.

beverley.agius@um.edu.mt, sarah.j.mifsud@um.edu.mt, elena.mallia@um.edu.mt

I declare that all the information provided is correct.

Signature

Date