

## FACULTY FOR SOCIAL WELLBEING DEPARTMENT OF PSYCHOLOGY DISSERTATIONS ACADEMIC YEAR 2023/4 BACHELOR OF PSYCHOLOGY STUDENTS/ HIGHER DIPLOMA STUDENTS

| PLEASE USE BLOCK LETTERS                              |
|---|
| NAME & SURNAME:                                       |
| I.D. NUMBER:  |
| EXACT TITLE OF DISSERTATION:                          |
|   |
| METHODOLOGY (PLEASE CIRCLE): QUALITATIVE/QUANTITATIVE |
| STUDENT'S SIGNATURE:                                  |
| NAME OF SUPERVISIOR:                                  |
| SIGNATURE OF SUPERVISIOR:                             |
| NAME OF CO-SUPERVISOR (IF APLICABLE):                 |
| SIGNATURE OF CO-SUPERVISOR (IF APPLICABLE):           |

VERY IMPORTANT: THE TITLE WRITTEN ON THIS FORM SHOULD BE THE TITLE PRINTED ON YOUR DISSERTATION WORD BY WORD. THE DISSERTATION TITLE CANNOT BE CHANGED AFTER THIS FORM HAS BEEN SUBMITTED.

PLEASE SEND THIS TO MS ELENA MALLIA ON THE BELOW EMAIL ADDRESS BY NOT LATER
THAN FRIDAY 3RD NOVEMBER 2023. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

elena.mallia@um.edu.mt