

Important Information Form

We would like to have the following information about you so that we will be able to help you while you are at the University of Malta.

Name and Surname _____

Date of Birth _____

E-mail address _____

Mobile Number (+ _____) _____

Date of Arrival in Malta _____

Time of Arrival _____

Arrival Flight No. _____

Date of Departure from Malta _____

Time of Departure _____

Departure Flight No. _____

Which residence will you be lodging in?

Which Institute from the University of Malta will you be following lectures in?
Department of Radiography, Faculty of Health Sciences

Who is your contact person in your home University?
(your tutor/ professor/ Socrates/ International Office)

His/ her e-mail address _____

His/ her office number _____

Thank you

International & EU Office
University of Malta

NB: Students' acceptance is conditional to the receipt of all the required forms. Acceptance is also subject to the approval by the European Unit