

# UNIVERSITY OF MALTA

## Course Confirmation Form

### **Personal Details**

Surname ..... First Name/s .....

Maiden Surname (*if applicable*) ..... Sex: Male  Female

Date of Birth (*day / month / year*) .....

ID Card No / Student No .....

Address .....

..... Postcode .....

Tel. No: *Home*..... *Office* ..... *Mobile* .....

E-Mail Address .....

### **Course Details**

Course presently attending .....

Subject/s Pursued (*if applicable*) .....

Date of Entry (*Month / Year*) ..... Attendance: Part-time  Full-time

Have you ever repeated a year? If yes please indicate (Academic Year): .....

*N.B.: Certificate is issued against a payment of Lm 1/€2.33.*

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

Note: Equivalent in Euros is for information purposes only.

#### For Office Use:

Receipt No. : ..... Amount Paid: .....

Collected: Signature: ..... ID No: ..... Date: .....