



UNIVERSITY OF MALTA

Application No:

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APPLICATION FOR PH.D./ S.Th.D./ D.MUS. DEGREES

Ph.D. S.Th.D. D.Mus. (tick as applicable)

Section A (To be filled in block letters)

1. Surname: _____ 2. Name: _____

3. Maiden Surname (if applicable): _____ Sex: Male Female

4. Identity Card No. _____

5. Date of Birth: _____ 6. Age: _____ 7. Nationality: 1. _____ 2. (If Dual) _____

8. Address: _____

Post Code: _____

9. E-mail address: _____ 10. Fax No. _____

11. Tel. No: _____ 12. Mob No. _____

13. Qualifications

University	Degree	Class	Subject/s	Date Conferred

(Please attach a copy of your academic record if the degree was obtained from overseas institutions)

14. Are you currently following any other course at the University? Yes No

15. If yes, please indicate course and date of entry: _____

16. Faculty/Institute/Centre in which research is to be carried out _____

17. Research to be done on a full-time/ part-time* basis

18. If part-time state:

(i) Present Employment _____

(ii) Amount of time (in hours) per week that can be spent on research: _____

Please note that there is an application fee of €23 if you are presenting local qualifications in support of your application or €95 if you are presenting overseas qualifications. The fee must be paid at the Maltapost Branch on campus and the relevant receipt is to be presented when submitting the completed application.

* Delete as appropriate

Section B (To be filled by applicant in consultation with the proposed supervisor)

1. Name of member of staff who has agreed to act as supervisor: _____

2. Proposed title of thesis: _____

3. Please attach a detailed research proposal of about 1000 words, including the proposed title, on separate sheets.

4. Please confirm that this thesis has/ has not* been submitted for another postgraduate degree or independently published before full/in part*. (If it has, please give details.)

5. I declare that the information given is correct and complete. I am aware that the application will not be considered if incorrect or incomplete information is given.

Signature

Date

Section C

Statement by Proposed Supervisor:

Signature

Date

Statement by Head of Department:

Signature

Date

* Delete as appropriate