



**ERASMUS STUDENTS**  
Registration for  
Academic Year 20 \_\_ - 20 \_\_

DURATION: Full Year <input type="checkbox"/> 1 <sup>st</sup> Semester <input type="checkbox"/> 2 <sup>nd</sup> Semester <input checked="" type="checkbox"/> Other <input type="checkbox"/> Months <input type="checkbox"/>
Level: Postgraduate <input type="checkbox"/> Undergraduate <input checked="" type="checkbox"/>

Surname _____	Name _____
Area of study _____	Home University _____
Nationality _____	D.O.B. _____ Age _____
Passport No. _____	Gender: M / F    Status: Single / Married
Tel No: _____	E-mail: _____

<b>Address in Malta:</b> _____ _____ _____ Postcode: _____
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<b>Address Overseas:</b> _____ _____ _____ Postcode: _____
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<b>Person/s to contact in case of emergency:</b> Name & Surname _____ Relationship to Applicant: _____ Address _____ _____ Postcode: _____ Tel No: _____
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**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_