

UNIVERSITY OF MALTA

VISITING STUDENTS
- ERASMUS/INTERATIONAL STUDENTS -

REGISTRATION FOR STUDY UNITS
ACADEMIC YEAR 20__ / 20__

Surname: Name: Semester 1 / 2

Passport No.: Tel. No.: E-Mail:.....

1. Students are to submit the original form to the European Unit through the Radiography Division. (Please retain a copy for your records)

2. Students are to ensure that they abide by the information given by the Faculty regarding the credits they are registering for, and to fill in all the necessary details required.

FACULTY:	CODE	TITLE OF STUDY	CREDIT VALUE
IHC	CPH3201	Pharmacology for Radiographers	2 ECTS
IHC	RAD1062	Principles and Practice of Imaging: Pharmacology Practice	4 ECTS
IHC	RAD2060	Clinical Studies: General and Speciality Imaging	8 ECTS
IHC	RAD2061	Quality Assurance and EU Legislation	2 ECTS
IHC	IHC0101	Maltese Culture	2 ECTS
IHC	MAL0004	Introduzzjoni ghal-lingwa Maltija (kors applikat)*	2 ECTS

**Introduction to Maltese Language (applied course)*

OTHER CREDITS:

NB: Students may not register for more than 30 ECTS

Student's Signature
FOR THE EUROPEAN UNIT USE

Date

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Add/Drop Study-Units Form

IMPORTANT: This form can ONLY be used to add or to drop a study-unit

Surname: Name: Semester ONE

Passport No.: Tel.No.: E-Mail:.....

1. Students are to submit the original form to the Socrates Office (Please retain a copy for your records)
2. Students are to ensure that they abide by the information given by the Faculty regarding the credits they are registering for, and to fill in all the necessary details required

ADD UNITS

Credit Code	Credit Title	Credit Value

DROP UNITS

Credit Code	Credit Title	Credit Value

Student's Signature

Date

It is the student's responsibility to fill in this Add/Drop form. If the student wishes to make any changes in the registration form, she/he is to deliver it to the European Unit. Failure to provide such information may result in a 'Failed' grade, appearing on the transcript.

FOR EUROPEAN UNIT USE.