

# 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?**

Garden View Holiday Complex, Triq is-Sidra, Swieqi, St Andrews

**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**