To be filled in by student and signed before departure for study period abroad.

UNIVERSITY OF MALTA

PROGRAMME OF STUDIES FOR STUDENTS UNDERTAKING A STUDY PERIOD ABROAD

Student I.D. No./Ref. no.:_____ Name of Student: _____

Faculty: _____Course: _____

Academic Year: _____ Year of Study (eg. 1st yr): _____

Semester 1 **At (Name of University)** _____

CODE	TITLE OF STUDY-UNIT	ECTS Credits
TOTAL		**30 ECTS**

Semester 2 **At (Name of University)** _____

CODE	TITLE OF STUDY-UNIT	ECTS Credits
TOTAL		**30 ECTS**

The above programme, when successfully completed, fully satisfies the requirements for the academic year 20__/20__.

_____	_____	_____
Head of Dept/ Appointed Academic Dept Coordinator	Head of Dept/ Appointed Academic Dept Coordinator	Dean/Director
_____	_____	_____
Date	Date	Date
_____	_____	
Officer i/c Faculty / Institute/Centre	Student	
_____	_____	
Date	Date	