APPLICATION FOR ADMISSION FOR THE TEST REGISTRATION

"Bachelor of Science Degree in Physiotherapy (MQF6, 240 ECTS)"

This application, duly completed, signed and accompanied by the attachments specified below, must be sent by e-mail to: ufficio.immatricolazioni@ucm.edu.mt

The undersigned_____
born in_____on_____
Fiscal Code(only for Italian Citizens)_____
resident on _____Country Prefix_____
Street_____n*_____
mob. Phone:_____
e-mail:_____@_____

Write in block letters

ASKS

to be enrolled in the Admission Test for the Academic Year 2019/2020

Attach the following documents:

- Front and back photocopy of the identification document and the tax code;
- Photocopy of the receipt for the payment of the test registration fee (€ 350.00) on the current account held by:

UCM Ltd

Bank of Valletta (BOV)
Account no. 4002362133 – 2

IBAN: MT12 VALL 2201 3000 0000 4002 3621 332

SWIFT Code: VALLMTMTXXX

The test registration fee is not refunded, under any circumstances

Date_____ (Signature)

_____

The data, pursuant to the EUROPEAN Legislative Decree pursuant to and for the purposes of art. 7 and ss. of the EU Regulation 2016 / (Code regarding the protection of personal data), will be treated solely for the management of administrative procedures for the institutional purposes of the "United Campus of Malta".