



L-Università ta' Malta
Faculty of Health Sciences

Bachelor of Science (Honours)
Nursing

I, the undersigned authorise the Faculty of Health Sciences, University of Malta, to inform the Nursing Services Directorate, Ministry for Health, of the final average mark obtained towards the award of the Degree of Bachelor of Science (Honours) in Nursing.

I understand that I may ask for more information about the UM's processing of my personal data described above at any time, that I may withdraw my consent given herein at any time, and that any such withdrawal of consent will not affect the lawfulness of the processing of my data undertaken prior to such withdrawal.

NAME AND SURNAME: _____

ID CARD NO: _____

PERSONAL EMAIL ADDRESS: _____

SIGNATURE: _____

DATE: _____

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