



L-Università ta' Malta
Faculty of Health Sciences

Higher Diploma in Health Science in Nursing Studies

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 Higher Diploma in Health Science in Nursing Studies.

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.

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ID CARD NO: _____

PERSONAL EMAIL ADDRESS: _____

SIGNATURE: _____

DATE: _____



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