

Faculty of Arts

STUDENT REQUEST FORM

	Student Details	
Full	Full Name:	
	Student I.D / I.D Card No	
	Details of Request	
	Details of Request	
	Extra Study-Unit Before submitting this request, students are to read carefully the Conditions and Criteria for ext available from this link https://www.um.edu.mt/ data/assets/pdf file/0003/108966/Extra Students	•
	☐ Transfer of credits	
	A request for transfer of credits should indicate the study-units the student would be exempted what they would be replacing.	from, that is,
	Students can only be exempted from units which are compulsory or elective. Optional study-un specifically included in a programme of studies should not be replaced by a transferred study-units of the computation of the study-units of the computation of the com	
	I would like to transfer the following study-unit/s which was/were obtained during my previous ☐ University of Malta ☐ Other (indicate institution)	course at:
	(In case of study-units obtained outside UM please attach a transcript)	
	Please indicate: Study-unit Code, Title and Value of unit/s to be transferred:	
	Study-Unit Code, Title and Value of unit/s from your Programme of Studies which is being repla	ced:
	Other: (explain)	
	Students are always to attach Original Transcripts or any other Official Docusupport their request.	iments to
Stu	Student's signature Date	

Reason for your Request			
	Recommendation by Head of Department		
Signature	Date		
	Recommendation by Head of Department		
	,		
Signature	Date		