



L-Università ta' Malta
Faculty of Health Sciences

Master of Science (by Research)
Expression of Interest Form
Academic Year 2024/25

Please complete this form and submit it together with your research proposal and other required documentation to the Faculty Office (Room 2, Block A, Level 1, Mater Dei Hospital).

Student name: _____ ID no.: _____

Email address: _____ Phone no.: _____

I have discussed the possibility of carrying out research with the following title:

with the following Potential Supervisor/s:

Proposed Principal Supervisor (required): _____

Signature: _____ Date: _____

Proposed Co-Supervisor (if applicable): _____

Signature: _____ Date: _____

I am attaching a copy of the Google Form and a detailed Curriculum Vitae. I confirm that I have completed the online application process for this degree programme.

Please indicate whether you have applied (or intend to apply) to carry out research towards a degree or diploma in another Faculty, Institute, Department or University during academic year 2024/25.

Details:

Applicant's signature: _____

Date: _____