MCAST
MALTA COLLEGE of ARTS, SCIENCE & TECHNOLOGY

Form **A**

Personal Information

Surname																								
Name																								
I.D.Card No.														Date of Birth				/			/			
Address																								
Town														Post Code										
Telephone Number										Nationality														
Mobile Number										Email Address														
Parent / Guardian / Next of Kin	Surname																							
	Name																							

Do you suffer from any medical condition which may interfere with your studies or those of other fellow students ? **Yes** ☐ **No** ☐

Are you requesting special needs ? **Yes** ☐ **No** ☐

Which course are you applying for ? (Only one Form A per applicant will be considered. The Course option cannot be changed after the closing date)

Code in Prospectus / /

Title of Course _____

Qualifications	**Subject**	**Board**	**Session**	**Grade**
Ordinary Level				
Intermediate Level				
Advanced Level				
Other Certificates				

Please make sure that you entered **ALL** your qualifications, as these cannot be added after you hand in the application.
Students who are waiting for results of examinations of Overseas awarding bodies must insert **P** instead of the grade.
Only the results of examination grades marked as **P** will be considered if presented by the end of the last full week in August.

School last attended during the last academic year _____

When the number of places for a Course is limited, an order of merit is drawn based on qualifications claimed.
Accepted applicants will be informed through an SMS or by post. Lists of all order of merits of all applicants may be viewed on the Main Campus Paola.

I declare that the information given in this form is correct. Incorrect data may disqualify this application.
I accept that this information may be shared with different departments within MCAST or government departments.

Signature _____ **I.D No** _____ **Date** _____

Application received and checked by _____