



MCAST

MALTA COLLEGE of ARTS, SCIENCE & TECHNOLOGY

PART-TIME LECTURING STAFF

Name _____ Surname _____ I.D. No. _____ Tel. No. _____

Address _____

Subject/s _____ Availability: Days during the week _____

Hours _____

<u>Relevant Qualifications</u>	<u>Field of Specialization</u>	<u>Awarding Body</u>	<u>Date</u>

EXPERIENCE	
Dates	Position

SIGNATURE _____

DATE _____

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