

Application for Endorsement Letter – Current Students

Extension of Residence Permit My current permit expires on _____

Student Number _____ FULL TIME PART TIME

Name & Surname _____

Address in Malta _____

Passport Number _____ Nationality _____

Date of Birth _____ Male ♂ Female ♀

Mobile _____

Email-address _____

Course & Year _____

Your expected date of arrival in Malta is _____

I will be sitting for re-sits in September YES NO

Signature _____

Date _____

Room 108A, International & EU Office, Administration Building, University of Malta

OR email on int-eu@um.edu.mt