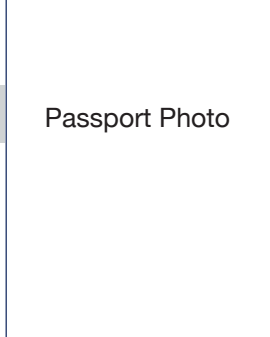




AMERICAN UNIVERSITY OF MALTA
 Triq Dom Mintoff, Bormla, BML 1013, Malta
 +356 2169 6970 • admissions@aum.edu.mt

AMERICAN UNIVERSITY OF MALTA | UNDERGRADUATE APPLICATION



STUDENT INFORMATION:

Enter your name exactly as it appears on official documents.

First/given name

Middle name/initial

Last/family/surname

Preferred name or nickname

Date of birth (dd/mm/year)

Gender: Female Male

Email:

Preferred telephone: Home Mobile

Alternate telephone: Home Mobile

Current Address:

Permanent Address (if different):

Are there any health, physical, personal or educational concerns you want us to be aware of? Yes No

If yes, please detail concerns here:

CITIZENSHIP:

Country of birth:

City of birth:

Passport #:

Country of Issue:

Date of Issue: (dd/mm/year)

Do you hold any other passport? Yes No If yes, specify country of issue:

Do you hold a valid EU passport? Yes No Do you hold a valid Schengen Visa? Yes No **EDUCATIONAL INTERESTS:**Program of Interest: Accounting Business Administration Game Development Undecided Expected Start Date: Fall 2017 Spring 2018 Fall 2018 Have you previously submitted an application to AUM? Yes No **FAMILY INFORMATION:**

Father/Guardian:

Name:

Permanent Address:

 Preferred Telephone: Home Mobile Work Alternate Telephone: Home Mobile Work

Country of Citizenship

Occupation

Employer

Business address

Business Telephone

Email

AUM affiliation if any

Mother/Guardian:

Name:

Permanent Address:

 Preferred Telephone: Home Mobile Work Alternate Telephone: Home Mobile Work

Country of Citizenship

Occupation

Employer

Business address

Business Telephone

Email

AUM affiliation if any

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS/GUARDIANS):

Name:

Relationship:

Preferred Telephone: Home Mobile Work

Alternate Telephone: Home Mobile Work

Email:

PAYMENT INFORMATION:

The person/organization that will be financially responsible for your tuition invoices and fees

Name:

Relationship: Parent/Guardian Organization Other If other, please specify:

Invoicing Address:

 ADDRESS LINE 1

 ADDRESS LINE 2

 CITY STATE/COUNTRY POSTAL CODE

Preferred Telephone: Home Mobile Work

Alternate Telephone: Home Mobile Work

Email:

APTITUDE TEST RESULTS, GRADES AND MARKS:

SAT:

AP:

IB CERTIFICATE:

OTHER SYSTEM SECONDARY SCHOOL:

System Name

Grade/Score

FOR BRITISH SYSTEM SECONDARY SCHOOL:

A/S or A Levels:

GCSE/IGCSE:

ENGLISH PROFICIENCY:

TOEFL: *(check test format and then provide score)*

iBT PBT: CBT: OR IELTS

FOR MALTESE SYSTEM SECONDARY SCHOOL:

Matriculation Certificate

A/S or A Levels

Secondary Edu. Cert.

SCHOOL HISTORY AND RECORDS:

Please list all schools attended starting with most recent

NAME OF SCHOOL	
SCHOOL LOCATION	
DATES OF ATTENDANCE	
GRADES COMPLETED	
LANGUAGE OF INSTRUCTION	
CURRICULUM	
CUMULATIVE GRADE AVERAGE	

NAME OF SCHOOL	
SCHOOL LOCATION	
DATES OF ATTENDANCE	
GRADES COMPLETED	
LANGUAGE OF INSTRUCTION	
CURRICULUM	
CUMULATIVE GRADE AVERAGE	

NAME OF SCHOOL	
SCHOOL LOCATION	
DATES OF ATTENDANCE	
GRADES COMPLETED	
LANGUAGE OF INSTRUCTION	
CURRICULUM	
CUMULATIVE GRADE AVERAGE	

NAME OF SCHOOL	
SCHOOL LOCATION	
DATES OF ATTENDANCE	
GRADES COMPLETED	
LANGUAGE OF INSTRUCTION	
CURRICULUM	
CUMULATIVE GRADE AVERAGE	

COMMENTS AND CLARIFICATIONS:

If there is something in this application, or not included here, that you would like to address or clarify please use this space to do so.

ADMISSIONS APPLICATION CHECKLIST:

Please attach and the following required documents with this completed application:

- Official records/transcripts from all secondary years of school with English translations
- Applicable SAT results
- Official records of English Language Proficiency tests
- At least 1 counselor/teacher recommendation
- Separate documentation of extracurricular activities, hobbies, interest or other achievements that should be considered
- Essay of personal and academic objectives (maximum 150 words)
- Scholarship Essay (maximum 200 words) telling us why you should be considered for a scholarship
- Copy of passport
- 3 passport photos
- €50 Application Fee (non-refundable) **WAIVED FOR FALL 2017 APPLICANTS**

APPLICATION DEADLINES FOR FALL 2017:

20 June 2017

Scholarship application deadline

15th, July 2017: All applications received after this date will be considered on a space-available basis

By signing and submitting this application, you agree to the following:

- I hereby apply for admissions to the American University of Malta and agree that I will abide by all the rules and regulations of the school.
- I consent to allow AUM to use photographs and videos of myself on the AUM website and/or for AUM public relations purposes, with the understanding that at no time will my name appear in association with said photographs and/or videos without my express written permission.
- I certify that the information provided is complete and correct and authorize AUM to request further information from teachers/counselors/ administrators for verification. I understand that if any information gained by AUM through interviews or further reports does not match the information provided in this application, any offer of admission may be revoked. If the student has already been enrolled, he/she may be dismissed from AUM with no refund.

Candidate Name: (as appears on all legal documents)

Candidate Signature/Date (dd/mm/year)

Name of Parent or Guardian: (if student is a minor)

Parent or Guardian Signature/Date (dd/mm/year)

SUBMITTING YOUR ADMISSIONS APPLICATION AND PACKET:

or

Send your completed application, along with all records and documents either by post or email to the following:

POST:

American University of Malta
ADMISSIONS
Triq Dom Mintoff
Bormla, BML1013, Malta

EMAIL:

admissions@aum.edu.mt

Questions? Don't hesitate to contact us admissions@aum.edu.mt