Application for the Assessment of a National or/ and International Qualification

Malta Qualifications Recognition Information Centre
Centru Malti ghal Rikonoxximent ta' Kwalifiki u ta' Informazzjoni

MALTA QUALIFICATIONS COUNCIL

MQRIC OPENING HOURS :
Monday, Wednesday and Friday
Winter time: 9- 12 noon & 2-4pm
Summer time: 9-12 noon

The request is being made in order to:

a) follow a University Course ☐

b) apply for a Job / Promotion ☐

c) apply for a Qualification Allowance ☐

d) Other

Personal Details

Title Mr ☐ Ms ☐ Other ☐ _____

1. Surname
2. Name/s
3. Maiden Surname
4. I.D or Passport N°
5. Postal Address

Postcode

6. Gender: Male ☐ Female ☐
7. Date of Birth Day month year
8. Nationality
9. Country of birth
10. Country of permanent residence

Contact Details

	Work	Home
11. Telephone Numbers		

		Cellular phone no.
12. E-mail		

General Education

13. In which years did you start and finish primary and secondary school?

Start	month	Year
Finish	Month	Year

Start	Month	Year
	Month	Year

14. Details of your education

	Number of years	Name of qualification or certificate obtained	Country
Primary			
Secondary			

Post secondary & Higher Education

15. On the subsequent pages, give details of all post secondary or higher education or professional courses which you have completed. ***Please use a separate page for each Qualification***.

Qualifications 1

What is the name of the qualification you wish to be assessed?

In English

In your own language

Name of institution attended

If different from the institution attended, name the awarding body

Full address of institution

What is/was the normal entry requirement for the course (or name of entry examination)?

If different, what is/was the basis of your entry into this course? Please specify (e.g. work experience, other qualifications, a special examination)

Normal length of course (including thesis/project/practical training etc)

Years or Semesters

Normal length of semester

Weeks or Months

What was the length of time you took to complete the course

Years Months

Date course commenced Day month year

Date course completed Day month year

Date Qualification awarded Day month year

Was the course full-time or part-time?

Full-time Part- time ► Hours per week

Other ► Please describe

Was a thesis or major research paper a requirement of the course?

Yes No

Where you required to complete an internship, or supervised practical training, or work placement before receiving this qualification?

Yes ► Number of weeks ► Please provide details in section 17

No

Additional Information (if necessary)

17.

Checklist

18. With this application you must attach:

- Original certificates and a photocopy of your certificate/s ☐
- an original and photocopy of the transcript of the marks / grades showing subjects, hours and examination result ☐
- evidence of change of name (if applicable) ☐
- Marriage Certificate (if applicable) ☐
- a certified translation in Maltese or English of any documents originally issued in a language other than Maltese or English ☐
- Non-Residents who are unable to present original certificate/s must send an authenticated copy of their certificate/s. No original certificates should be submitted by mail. ☐

Applicant's declaration

19. I hereby declare that:

- the information I have supplied on this form is complete, correct and up-to-date:
- all copies of certificates/ diplomas submitted with this application are true copies of the original documents.
- I undertake to inform the Malta Qualification Recognition Information Centre (MQRIC) of any changes to my circumstances (e.g. address) while my application is being considered.
- I authorise the MQRIC to make any enquiries necessary to assist in the assessment of my qualifications and to use any information supplied in this application for that purpose.
- I understand that the evaluation/information report is advisory and not binding upon any agency or institution that uses it.
- I do not hold MQRIC liable for damages resulting from the use to which I or any agency or institution put to the evaluation report.

Signature

Date

Day / month / year

Submitting your application

Kindly submit your application by hand or surface mail to:
Malta Qualifications Council
(MQRIC)
16/18, Tower Promenade, St Lucia, SLC 1019 MALTA

Data Protection: The Malta Qualifications Recognition Information Centre collects and processes information to carry out its functions under the Mutual Recognition of Qualifications Act. All data is collected and processed in accordance to the Data Protection Act 2001, other subsidiary legislation and the Privacy Policy of the Centre, a copy of which is available on demand.