**M.Phil. in International Maritime Law and Ocean Policy**

**SUMMARY FORM**

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| **INSTRUCTIONS**  One copy of Application, Medical Report, Motivation and Reference Forms to be completed and air mailed along with documents relating to university qualifications and proficiency in English language, together with a bank draft or evidence of transfer of the application and processing fee to:  The Director  IMO International Maritime Law Institute  University of Malta of Campus  Msida MSD 2080  Malta | |
| **Application Form**  To be completed and signed by the applicant. A recent photograph of the applicant is to be attached.  **Documents relating to university qualifications**    Duly certified true copies of documents in evidence of all university qualifications are to be attached.  **Documents relating to English language proficiency**    All applicants must attach evidence of the English language level, such as IELTS, TOEFL, CXC, WAEC, Cambridge examinations etc.  **Medical Report Form**  To be completed and stamped by a registered Government medical practitioner.  **Motivation Form**    To be completed by the student. Where needed, additional sheets may be attached.  **Reference Forms**  Two references are required. Referees are persons who are not related to the candidate and who are familiar with the candidate's character and qualifications.  **Application and Processing Fee**  An evidence of bank transfer of the non-refundable application and processing fee of €150. |

**APPLICATION FORM**

**ACADEMIC YEAR 2020-2021**

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| Please affix photo here  **INSTRUCTIONS:**  **Please answer each question clearly. Type or print in ink. If you need more space, attach additional pages.** | | | | | | |
| **1. FULL NAME (please underline family name)**  ...............................................…………………………………………………  ...............................................................................................………………… | | | | | | |
| **2. Mailing address:**  ...................………………………………………**Telephone (with country & area code):**  .........………………………………………………………………… (Office) …………………...................  .............…………………………...…………………………………. (Residence) ……………….................  (Mobile) ……………….................  **Facsimile:** .....................……….....………….. **E-mail:** ……………..………………………………....... | | | | | | | | | | |
| **3. (a) Date of birth:**............… …………… **(b) Nationality:**.........……………….. **(c) Sex:**..……………  **(d) Marital status:**..……………............ **(e) Mother tongue:.**.........……………….....……………..…...  **(f) Passport details: (i) Passport no:**............................………………....……………………………………  **(ii) Date & place of issue :**......................……………………………………………….  **(iii) Valid until:**..……………………………………............................………………... | | | | | | | | | | |
| **4. LANGUAGES** | **READING** | | | **WRITING** | | | | **SPEECH** | | |
|  | **Excellent** | **Good** | **Fair** | **Excellent** | **Good** | **Fair** | | **Excellent** | **Good** | **Fair** |
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| **PLEASE ATTACH CERTIFIED COPIES OF AVAILABLE CERTIFICATES/TEST REPORTS.** | | | | | | | | | | |

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| **5. EDUCATION: Give full details, using the following space insofar as possible.**  **(A) University or equivalent.** | | | | | | | |
| **Name of institution and**  **Address** | **Years attended**  **From To** | | | **Degrees and academic distinctions** | | | **Main subjects** |
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| **PLEASE ATTACH CERTIFIED COPIES OF DOCUMENTS SUPPORTING UNIVERSITY QUALIFICATIONS** | | | | | | | |
| **(B) Schools or other formal education or training from age 14 (e.g. high school, technical school, or apprenticeship).** | | | | | | | |
| **Name of institution** | **Type** | | **Years attended**  **From To** | | | **Certificates, diplomas obtained** | |
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| **6. PROFESSIONAL QUALIFICATIONS:** | | | | | | | |
| **Name/Country of institution** | | **Qualifications obtained** | | | **Study period** | **Subjects** | |
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| **7. MEMBERSHIP OF PROFESSIONAL SOCIETIES, PUBLICATIONS, ETC :** |
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| **8. EMPLOYMENT RECORD: Starting with your present or most recent post, list in reverse order every employment during the last ten years and any significant experience not included in that period which you believe will be helpful in evaluating your record. Use a separate block for each post. Use additional sheets of paper as required.** |
| **Dates : Exact title of your post :** |
| **From : To : Type of business :** |
| **Name of Supervisor:................……………... Name of Employer:………………………................**  **.……………................... ......………………………..........**  **.....……………............... .………………………...............** |
| **Address of Employer : .................................................……………………………………………………**  **.................................................……………………………………………………** |
| **Description of work you do:** |
| **8. EMPLOYMENT RECORD (Continued):** |
| **Dates : Exact title of your post :** |
| **From : To : Type of business :** |
| **Name of Supervisor:..............…………………... Name of Employer:................. ………………..**  **...…………………............... ...............………………….**  **..…………………................ ...............………………….** |
| **Address of Employer : .................................................………………………………………………..**  **.................................................………………………………………………..** |
| **Description of work you do:** |

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| **8. EMPLOYMENT RECORD (Continued):** | |
| **Dates Exact title of your post :** | |
| **From : To : Type of business :** | |
| **Name of Supervisor:.................………………………. Name of Employer:..............…………………...**  **.........……………………….......... .............……………………..**  **.............………………………...... ............……………………...** | |
| **Address of Employer : ..........................................…………………………………………………….........**  **....................................……………………………………………………..............** | |
| **Description of work you do:** | |
| **8. EMPLOYMENT RECORD (Continued):** | |
| **Dates : Exact title of your post :** | |
| **From : To : Type of business :** | |
| **Name of Supervisor:..............………………………… Name of Employer:...........……………………….**  **.............………………………..... .............……………………...**  **................……………………….. ..............……………………...** | |
| **Address of Employer : ............................................……………………………………………………….....**  **..............................................………………………………………………………...** | |
| **Description of work you do:** | |
| **8. EMPLOYMENT RECORD (Continued):** | |
| **Dates Exact title of your post :** |
| **From : To : Type of business :** |
| **Name of Supervisor:................…………………….... Name of Employer:.……………………...............**  **...……………………................. .............……………………....**  **...……………………................. ...……………………..............** |
| **Address of Employer : ...............................................……………………………………………………....**  **...............................................……………………………………………………...** |
| **Description of work you do:** |

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| **9. State any other relevant facts and information which will assist in assessing your application:** |
| **I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for the withdrawal of any offer of participation in the programme. If selected, I undertake to:**   1. **conduct myself at all times in a manner compatible with my status as a student of the IMO International Maritime Law Institute and of the World Maritime University;** 2. **remain in Sweden for the first part of the programme, and in Malta during the second part of the programme and dedicate myself full time to the study programme, as directed;** 3. **refrain from engaging in political, commercial, or any other activities other than those covered by the study programme;** 4. **comply with the Rules and any amendments thereto which may be adopted from time to time by the Institute and /or by the University; and**   **(5) return to my home country at the end of the programme.**  **I understand and agree that the Institute and /or the University may, at their discretion, terminate a candidate’s participation in the programme. I also understand and agree that the Institute and/or the University need not justify this decision.**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**MEDICAL REPORT FORM**

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| **INSTRUCTIONS**  **To be completed by a registered Government medical practitioner after thorough clinical and laboratory examination including X-ray of chest. The Institute and /or the University reserve the right to require the candidate to undergo a further medical examination before he/she commences his/her studies.** |
| **Name of candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_** |
| **Is the person examined at present in good health and enjoying full working capacity?** |
| **Is the person examined able physically and mentally to carry on an intensive study away from his/her home?** |
| **Is the person examined free from communicable diseases (for example, tuberculosis and trachoma) which could present risks for both the candidate and his/her contacts during his/her studentship?** |
| **Does the person examined have any condition or defect which may require treatment during his/her studentship? If yes, please specify.** |
| **Full name and address of Signature of examining physician:**  **examining physician**  **(print clearly)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Stamp:**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**To be completed by a registered Government medical practitioner at the time of application to the programme and again no more than three months before enrolling in the programme.**

**MOTIVATION FORM**

**Name of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTRUCTIONS FOR CANDIDATES:**

**Please state your reasons for applying to the M.Phil. programme in International Maritime Law and Ocean Policy and your career objectives. Should the space provided below be insufficient, please attach additional sheets.**

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**REFERENCE FORM**

**Name of candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTRUCTIONS FOR REFEREE:**

**Please state below in what capacity and since when you have known the candidate, and your opinion on the candidate’s ability to undertake the M.Phil. programme in International Maritime Law and Ocean Policy.**

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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**REFERENCE FORM**

**Name of candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTRUCTIONS FOR REFEREE:**

**Please state below in what capacity and since when you have known the candidate, and your opinion on the candidate’s ability to undertake the M.Phil. programme in International Maritime Law and Ocean Policy.**

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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**