International Student Travel Authorisation Request Form

Student Information

Full Name: _____

Student Number: _____ - _____ - ___

Study Programme: _____

Residence Permit Number: _____(A) Expiry Date: ___ / ___ / 202___

Passport Number: _____

Email Address: _____

Mobile Number: _____

Travel Details

Purpose of Travel

Please provide the reason for travel:

☐ Leisure ☐ Family ☐ Health ☐ Other_____

Total Number of days away from Malta: _____ days

Outbound Flight Details (First Flight if it involves a transit)

Flight Number: _____ Date of Departure: ___ / ___ / 202__ Time: __:__ hrs

Departure Airport: Malta Arrival Airport: _____

Return Flight Details (Last Flight if it involves a transit)

Flight Number: _____ Date of Departure: ___ / ___ / 202__ Time: __:__ hrs

Departure Airport: _____ Arrival Airport: Malta

Academic Impact Declaration

Will your travel overlap with scheduled lectures, tutorials, assessments, placements, or other academic obligations?

☐ Yes ☐ No

If Yes, you must provide documented justification for the travel and attach supporting documentation.

Please explain the reason for absence:

_____

_____

Required Attachments

☐ Copy of flight ticket/booking confirmation – student name visible

☐ Supporting documentation for travel (if applicable)

☐ Supporting documentation for absence from lectures (if applicable)

Student Declaration

I declare that the information provided in this application is true and correct. I understand that submission of this form does not guarantee approval of travel authorisation. I also understand that I remain responsible for complying with all academic obligations and immigration requirements.

I further understand that if my travel overlaps with any scheduled lecture days, tutorials, assessments, placements, or other academic activities, I will be recorded as absent for those sessions. I acknowledge that such absences may negatively affect my overall attendance record, and I accept full responsibility for any consequences arising from these absences.

Student Signature: _____

Date: ___ / ___ / _____

Office Use Only

Application Received By: _____

Date Received: _____

Authorised By: _____

Signature: _____

Date: ___ / ___ / _____

Decision: ☐ Approved ☐ Rejected ☐ Further Information Required

Comments:

_____

_____

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