**APPLICATION FOR TRANSCRIPTS AND REPRINTS**

# OFFICE OF THE REGISTRAR

This form is to be filled in by any Client requiring a reprint service from the Office of the Registrar.

The documents and their cost are listed on the second page.

Client is kindly asked to fill-in this form - using legible writing and in blue or black ink.

# GDPR

The personal information provided in this application form shall be processed in accordance with the provisions of the Data Protection Act (Chapter 586 of the Laws of Malta) and the General Data Protection Regulation (GDPR) and for the purpose(s) of your studies here at MCAST

The processing is based on the necessity of this data for the performance on a contract (students application form to join MCAST, and its acceptance by both parties are considered to be a binding contract). Your personal information will not be disclosed to any third parties unless strictly required by law. The Data Protection Officer’s contact details are dpo@mcast.edu.mt.

You have the right to request access to your personal data as well as the right to rectify and where applicable, erase any inaccurate, incomplete or immaterial personal data; to request restriction of processing, to object to processing and to request data portability for the data held by MCAST. If you consider that the processing of your personal data is carried out in an unlawful manner, you may lodge a complaint with the Information and Data Protection Commissioner.

The retention period of the personal data you provided in this application is as laid out in the MCAST Data Retention and Destruction Policy, which can be obtained from https://www.mcast.edu.mt/data-protection-documents/.

You can withdraw your consent at any time by sending a request to the MCAST Data Protection Officer on dpo@mcast.edu.mt. This right only applies for personal data collected based on a consent only.

I do hereby authorize MCAST to process my personal data contained in this form for the above-specified purposes.

|  |  |
| --- | --- |
| Client’s ID Card Number | Client’s Signature |

## Client requesting service

Name and Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tick where appropriate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MCAST Part-Time course certificate** | 10€ |  | **MCAST Full-Time course certificate** | 20€ |  |
| SAGE Certificate | 5€ |  | Transcript | 10€ |  |
| Letter of Attendance | 3€ |  | Letter of Completion | 5€ |  |

I the undersigned, hereby confirm that the provided information is correct. I understand that an administration fee has to be paid upon collection of the requested documents.

Course Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Completion Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Client’s Signature | Date of Signature |

|  |  |
| --- | --- |
| For Office of the Registrar | Date Collected |

## To be filled in at the Office of the Registrar