

Application for Admission to the Advanced Professional Course in

Code of Chosen Course: _____

I, undersigned

Surname, Name

Tax Code

Nationality

Place and Date of Birth

Residency Address (City, Province, Street, Postal Code)

Email Address

Telephone number (mobile and landline)

Infostud Student ID Number

Holder of the following university degree

- Bachelor's Degree Master's Degree Degree obtained in an EU country
- Another Option (Specify _____)
- Graduates in the academic year 2021-2022

Name of the Degree Programme

University/Institution where the Degree was obtained

- enrolled for the Academic year **2022-2023 to the following programme:**
 - Bachelor's Degree Master's Degree Advanced Professional Course Medical Specialisation School Non-Medical Specialisation school
- _____

Name of the programme

University/Institution where the Degree was obtained

Date of graduation

Final Grade

Further Qualifications:

Asks to be admitted to the Advanced Professional Course in

Code of Chosen Course: _____

For this purpose, please, find attached:

- A copy of a valid ID, signed and legible (Identity Card, Driving License, Passport)
- Curriculum vitae;
- A copy of the receipt of the fee paid for the admission/evaluation test

Candidates holding a foreign degree:

- Declaration of Value of the degree provided by the Italian Consular Authority in the country where the degree was obtained (together with transcript of records and a copy of the degree certificate).

or

- CIMEA Statements of Verification (from the CIMEA platform on <http://www.cimea.it/en/servizi/attestati-di-comparabilita-e-certificazione-dei-titoli/attestati-di-comparabilita-e-di-verifica-dei-titoli-diplome.aspx>)

or

- Diploma Supplement (for European degrees) provided by the foreign University and legalized by the Italian Consular Authority in the country where the degree was obtained.

Candidates with a recognized disability pursuant to art. 3, paragraphs 1 and 3, of the law of 5 February 1992, n. 104 and/or with disability equal to or greater than 66%:

- Copy of a valid ID - with indication of the percentage of disability, or for the cases provided for by the law, the type of disability – or certificate of disability pursuant art. 3, paragraph 1 and 3 of the law of 5 February 1992, n. 104 (for further information call the toll-free number 800-410960).

The undersigned declares to have read and approved every aspect of the call for admission to the Advanced Professional Courses, the information sheet (Ordinamento) and the Study Plan, to have all the requirements stated in the application form and to be aware of the penal and civil penalties, in the case of false declarations, formation or use of false documents, pursuant to art. 76 of Presidential Decree no. 445 of December 18, 2000.

Date

Candidate Signature