

HOW DID YOU HEAR ABOUT THE MASTERS?.....

SPECIALIZING MASTER APPLICATION FORM

The undersigned.....
bornin..... (Country)
country.....nationality.....
resident in ZIP code (County).....
address phone.....mobile.....
e-mail.....

APPLIES:

for participation to the masters admission interview in:

I LEVEL II LEVEL

in PRESENCE ONLINE in:

.....
for the accademic year 2020/2021.

Declares under own responsibility:

-to be in possession of the following accademic qualification:

First cycle degree Previous Regulations Degree Degree Certificate in

..... on date

with final mark obtained at the University of.....

The following documents are attached:

- self-certification of sustained exams including their grades
- Curriculum Vitae
- Copy of identity card and fiscal code
- Copy of receipt of €100 as administrative fees, to be transfered to Consorzio CISE:

IBAN: IT89N0306909498100000001001 - SWIFT CODE (BIC): BCITITMM

In case of successful enrollment to the Masters, such contribution will be deducted from the total cost of registration; in case of renunciation of the master, this contribution will not be refunded. Billing Information:

Name:.....

Address:.....city.....ZIP code.....

Fiscal Code and/or VAT number:.....

Pec e-mail:

Billing code:.....

He/She authorizes the use of data for statistical purposes, in case of successful enrolment, in compliance with procedures and authorizations provided by art. 8 of the university masters legislation (bando). Otherwise they will not be used nor saved.

Date,

Signature

Provide prompt notification of any changes in this information to the secretariat