**To THE RECTOR of**

**Università degli Studi Europea di Roma**

|  |  |
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| **Joint Educational Program with Salzburg University**  **A.Y. 2020-2021**  **Application form to be handled to:**  **Valerio Paolini - International Relations Office** (*First floor, Corridor C*)  **by April 15th at 13:00** | **PHOTO**  **🡷 🡶** |

**1. PERSONAL DATA:**

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

**City of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth : \_\_/\_\_/\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_**

**Fiscal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n°: \_\_\_\_\_ cap: \_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n°: \_\_\_\_\_ cap: \_\_\_\_\_\_\_\_\_  
  
City:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ID Card or Passport N°: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. CURRICULUM DATA:**

**Average grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CFU: \_\_\_\_\_\_\_ Student number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enrolled on the \_\_\_\_\_ year of the Single Cycle Master Programme in Law**

**Tot.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (reserved to the Academic Commission)**

**3.ATTACHMENTS :**

**❑** 2 passport size photos (with your name written on the back), plus the one pasted on this application form.

❑ The most up-to-date transcript from Esse3 translated in English.

❑ English language proficiency certificate

❑ Copy of valid passport.

❑ Cover letter in English.

❑ Curriculum Vitae in English

**The present application form must be filled only in electronic way.**

**I authorize the processing of my personal data, under the Legislative Decree No. 101/2018, for the purposes envisaged by the programme.**

Rome, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pursuant to and for the purposes of Presidential Decree 403 of 20/10/98, I declare to be aware of the criminal liability may face in case of false statements and forfeiture of any benefits resulting from measures adopted on the basis of false declarations.**

Rome, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_