



FIRST NAME _____

SURNAME _____

ADDRESS _____

CITY _____

COUNTRY _____

MALE / FEMALE, please specify

TELEPHONE (with all codes and prefixes) _____

MOBILE PHONE (with all codes and prefixes) _____

FAX (if you have one) _____

EMAIL _____

ACADEMIC QUALIFICATION(S) _____

Would you prefer to have a single room or to share in a double? Please circle your preference

SINGLE ROOM

SHARED DOUBLE ROOM

Please specify here if you have any other special requirements _____

Notice regarding privacy in compliance with art. 13, Legislative Decree 30 June 2003 n°196

I hereby give my consent to the handling of my personal data:

SIGNATURE _____ DATE _____

COMPLETE THE FOLLOWING SECTION IF YOU WISH TO BE CONSIDERED FOR A STUDY GRANT

Undergraduate students must specify the current average mark for the exams they have passed so far.

Current average: _____

Graduates must specify their final mark on completion of their degree.

Final mark: _____

I declare that the information I provide regarding my university results is true.

SIGNATURE _____ DATE _____

I declare that I do not currently receive any form of income.

SIGNATURE _____ DATE _____