UNIVERSITA' DEGLI STUDI DI MILANO BICOCCA

Passport photo (enclose passport photo in jpeg/bitmap if the form is sent electronically)

POSTGRADUATE EDUCATION OFFICE
ENROLMENT FORM TO SINGLE COURSES

To the Chancellor of the Università degli Studi di Milano-Bicocca
The underisigned:

Surname/Family name ..... Date of Birth ... / ... / ...

Name ..... Gender M F

Place of birth (Town) ..... Country of Birth .....

Fiscal code (if any) ..... Citizenship .....

Cell Phone Number ..... Email address .....

Resident in

Address .....

Postal Code ..... Town .....

Country .....

Living in (only if different from the residence)

Address .....

Postal Code. ..... Town .....

Country .....

hereby applies

for the enrollment for the a.y. ... / ... at the University of Milano-Bicocca to the following courses of the

◯ Master Universitario di I livello (first level professional master programme)

◯ Master Universitario di II livello (second level professional master programme)

in

SINGLE COURSE(S)	N° ECTS

N.B. *It is possible to enroll to single courses for a* ***maximum of 30 ECTS***

For this purpose, having regard to the provision under D.P.R. n. 445/2000 art. 46, and fully aware that according to art. 76 those who make a false statement or provide a false certificate are subject to the penalties imposed by the criminal law and special laws regulating the subject matter, **the undersigned declares on his/her responsibility as follows:**

to have the following degree:

□ Bachelor's degree in .....

□ Master's degree in .....

□ Other kind of degree in .....

duration (*in years*) ..... achieved in date .....

with the following final mark/grade (*if any*) ..... in a scale of .....

at the following University .....

to have other degree (*for example specialization degree*) in .....

.....

duration (*in years*) ..... achieved in date ..... at the following University

.....

☐ for which he/she applies a request of equivalence to the Teaching Body of the Course

☐ already declared equivalent by the decree (*please enclose a copy of it*) of the following Italian University/Department/Ministry of Health .....

The undersigned declares also:

☐ not to be enrolled on other course

☐ to be enrolled on the following course .....

at the following University .....

☐ to have physical condition or other disabilities, which might necessitate (art. 4 L.104/1992):

☐ special arrangements/support .....

☐ additional time

The undersigns declares to be aware that the enrollment application is considered completed only after the transmission of the receipt certifying the payment of the tuition fees to the e-mail address carriere.academy@unimib.it, which must be done strictly before the beginning of the programme.

The undersigned commits himself/herself to promptly communicating any change in the aforementioned address and furthermore encloses:

☐ a copy of the passport/ID (*Identity Document*)
☐ a copy of the visa/permit of stay
☐ curriculum vitae
☐ a copy of the degree
☐ a Italian translation of the degree certified by authorities of the degree issuing country
☐ transcripts of records
☐ a value declaration issued by the Italian Embassy or Consulate in the degree issuing country
☐ a medical certificate attesting the physical disabilities (*only if it is necessary special arrangements/supports or additional time*)
☐ other .....

Date ..... Signature .....

Incomplete forms will not be accepted

Notes: The data will be processed pursuant to Legislative Decree no. 196 of 2003 (Personal Data Protection Code) and its subsequent amendments and additions, as well as EU Regulation 2016/679 (General Data Protection Regulation or, more briefly, GDPR). It is possible to view the information at the following link: https://www.unimib.it/informativa-studenti