APPLICATION FOR STUDY PLACES COLLEGIO NUOVO – GRADUATE RESIDENCE ACADEMIC YEAR 2023-2024

The undersigned,

Name	Surname
Born in (city and State)	on (dd/mm/yyyy)
Resident in (city)	State
Address	
Nationality Italian Fis	scal Code, if available
Document Identity Card Passport	nr
Telephone number	E-mail address
Degree in	
University	
Graduated on (dd/mm/yyyy)	final result
attaches the documents below mentioned.	
☐ Student enrolled in a Master's Degre	
Course Year matricular	tion nr.
☐ Enrolled in a Postgraduate Course at t	the University of
Medical/Law School, PhD, Master, Other	er (please specificy)
Name of the Course	
Course Year matriculat	ion nr.
Attachments: CV, copy of identity document at and all the documents listed in the Call for App	nd social security number, two passport-size photographs plications.
Date	Signature
The undersigned,, having taken note of the information prepared pursuant to EU Reg. 2016/679 and Legislative Decree 196/2003 as amended by Legislative Decree 101/2018 and provided in the annex to the Call for places, which he/she declares to have read and understood, authorizes the Foundation to treat his/her personal data, also those of a particular (sensitive) nature, in order to fulfill the procedure of admission for places in the Graduate Section for which they are intended.	

Date _____Signature ____