APPLICATION FOR STUDY PLACES COLLEGIO NUOVO – GRADUATE RESIDENCE ACADEMIC YEAR 2024-2025

The undersigned,

Name	Surname
Born in (city and State)	on (dd/mm/yyyy)
Resident in (city)	State
Address	
Nationality	Italian Fiscal Code, if available
Document Identity Card	Passport nr
Telephone number	E-mail address
Degree in	
University	
Graduated on (dd/mm/yyyy)	final result
applies for a Place of Study at the C attaches the documents below me	Collegio Nuovo (Graduate Residence) for the AY 2024-2025 and entioned.
Requested period:	
Academic position AY 2024-2025 ((please specify):
□ Student enrolled in a Master	r's Degree Course
in	
Course Year	matriculation nr.
□ Enrolled in a Postgraduate C	Course at the University of
Medical/Law School, PhD, Ma	aster, Other (please specificy)
Name of the Course	
Course Year	matriculation nr.
Attachments: CV, copy of identity do and all the documents listed in the Ca	cument and social security number, two passport-size photographs all for Applications.
Date	Signature
places, which he/she declares to have read	, having taken note of the information prepared pursuant to EU Reg. 2016/679 ded by Legislative Decree 101/2018 and provided in the annex to the Call for and understood, authorizes the Foundation to treat his/her personal data, also rder to fulfill the procedure of admission for places in the Graduate Section for

Date _____Signature ____