

## PERSONAL DATA

Family name and First Name \_\_\_\_\_ Gender M ☐ F ☐

Nationality      Italian ☐      EU Citizen(\*)\_\_\_\_\_      No EU Citizen (\*)\_\_\_\_\_

Tax identification number   |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_| VAT number \_\_\_\_\_

Place of birth \_\_\_\_\_ Province \_\_\_\_\_ Date of birth \_\_\_\_\_

Country of birth \_\_\_\_\_

(\*) please specify

**PLACE OF RESIDENCE**

Town \_\_\_\_\_ Province \_\_\_\_\_

PostCode	Country	Address
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Phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

E-mail

**ADDRESS (if different from the place of residence )**

Town \_\_\_\_\_ Province \_\_\_\_\_

PostCode	Country	Address
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Phone\_\_\_\_\_

## EDUCATIONAL QUALIFICATIONS

**SECONDARY SCHOOL/HIGH SCHOOL**

Please specify the type of school (for ex. humanities, sciences, art , technical, commercial, vocational, etc.)

Institution \_\_\_\_\_

Mark \_\_\_\_\_ Year of graduation \_\_\_\_\_

UNIVERSITY

Institution \_\_\_\_\_ Faculty \_\_\_\_\_

- |   |   |  |                                |
|---|---|--|--------------------------------|
| <input type="checkbox"/> Graduating students (final year) | <input type="checkbox"/> The specialist degree  | <input type="checkbox"/> The old system university degree                  | <input type="checkbox"/> Other |
| <input type="checkbox"/> The degree                       | <input type="checkbox"/> Para-university degree | <input type="checkbox"/> Degrees or equivalent according to the Law 1/2002 |                                |

Course/Orientation\_\_\_\_\_

Mark/Average marks (\*\*)\_\_\_\_\_ Date of graduation \_\_\_\_\_ Degree issued by the Country\_\_\_\_\_

**MASTER COURSE**Master ☐University Master ☐I level Master ☐II level Master ☐

Title \_\_\_\_\_

University / Organisation Body \_\_\_\_\_

Date of graduation \_\_\_\_\_

**ALTRI CORSI**

Have you attended vocational training course, recently

YES ☐ NO ☐

If yes, please mention the last course attended Title \_\_\_\_\_

Organisation \_\_\_\_\_ Year of attendance \_\_\_\_\_

Course ☐ with fee ☐ cost free

Final certificate issued

☐ Professional qualification☐ Job licence☐ Specialization☐ Attendance☐ Qualification

(\*) Specify nationality

(\*\*) Expected marks for graduands

### PROFESSIONAL CONDITION

(Write the same professional status indicated in the "present prevalent professional condition" - see page n. 4)

- ☐ I am looking for a first job (never worked, I am not a student enrolled to a regular school/university studies and I look for a job)
- ☐ I have a job (included professional, free lance, part time, seasonal employment, Wage Supplementation Fund)

I work at (name of the company) \_\_\_\_\_ (\*\*\*)

since \_\_\_\_\_ Function \_\_\_\_\_

Company data:

Tax identification number /Enterprise VAT number \_\_\_\_\_

Town \_\_\_\_\_ Province \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Mission \_\_\_\_\_ Number of employees \_\_\_\_\_

(\*\*\*) Mention here if you are a professional

- ☐ Unemployed (work lost, or women wishing to come back to work)
- ☐ Enrolled in a mobility list
- ☐ Student (attending a regular school/university course studies, for ex. a graduand)
- ☐ Inactive (he /she has no job and does not look for it )
- ☐ Housewife
- ☐ Apprentice

### OTHER INFORMATION

How do you know about the course

- |   |  |
|---|--|
| <input type="radio"/> Poster  | <input type="radio"/> COREP information desk                       |
| <input type="radio"/> Picture post card   | <input type="radio"/> University offices                           |
| <input type="radio"/> Leaflet   | <input type="radio"/> Newsletter ((specify which one)              |
| <input type="radio"/> Newspaper (specify which one)   | <input type="radio"/> Internet (specify which site or search site) |
| <input type="radio"/> Printed or electronic training courses catalogues (specify which one)   | <input type="radio"/> Corep web site                               |
| <input type="radio"/> Information offices for students ((specify which one and in which town) | <input type="radio"/> Conferences and Workshop (specify which one) |
| <input type="radio"/> Employment agency   | <input type="radio"/> Letter                                       |
| <input type="radio"/> Radio/television advertising  | <input type="radio"/> Lecturers                                    |
| <input type="radio"/> Almalaurea communication  | <input type="radio"/> Friends, relatives                           |
| <input type="radio"/> Public offices (region or province)                                     | <input type="radio"/> Other (specify)                              |

At the present I live with

- |  |   |                                  |                                |
|--|---|----------------------------------|--------------------------------|
| <input type="checkbox"/> My parents                | <input type="checkbox"/> Husband/Wife – cohabitant              | <input type="checkbox"/> Friends | <input type="checkbox"/> Other |
| <input type="checkbox"/> Only with a single parent | <input type="checkbox"/> Husband/Wife – cohabitant and children | <input type="checkbox"/> Alone   | _____                          |

I am registered in unemployed lists : (please specify year and month of registration \_\_\_\_\_)

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> No list           | <input type="checkbox"/> Seamen        | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Employment agency | <input type="checkbox"/> Show business |                                      |




# I ask to be admitted to Post-Graduated Master Course selection

\_\_\_\_\_ Academic year \_\_\_\_\_

I enclose the following documents (for any specifications please refer to the instructions for enrolment available on the web site or on the Master/Course Guide)

- |   |   |
|---|---|
| <input type="checkbox"/> Degree certificate with marks of the exams (when existing), for final-year students certificate of passed exams with marks (****). For students with foreign study qualification: declaration of value related to your degree and a certificate with the translation of all the passed exams | <input type="checkbox"/> Copy of a passport or identity card valid            |
| <input type="checkbox"/> Curriculum vitae in a European format  | <input type="checkbox"/> Copy of tax code                                     |
| <input type="checkbox"/> Title of the thesis and one page abstract  | <input type="checkbox"/> 1 photo (identity card format)                       |
|   | <input type="checkbox"/> Module "Present Prevalent Professional Condition" ** |
|   | <input type="checkbox"/> Substitutive declaration of certification Form **    |

Moreover for the health area master it is necessary to enclose :

- |   |   |
|---|---|
|  Copy of your high school diploma (five years /four years with one year integration) |  Copy of your qualifying title |
|  Work record issued by the employer  |   |

In order to regularize the application form, the foreign students, coming from countries indicated in the Visa System and the Entry of Aliens into Italy and the Schengen Area ([http://www.esteri.it/doc/5\\_32\\_183b.pdf](http://www.esteri.it/doc/5_32_183b.pdf)), must deliver to the secretary's office the study visa for multiple entrance (type D) and the residence permit.

(\*\*) It is necessary to fill in this form only if required by instructions for enrolment available on the web site or on the Master/Course Guide.

(\*\*\*\*) Self-certification is allowed according to DPR 445/2000 artt. 46-47 (only for students with Italian study qualification).

I declare I have taken note of all the conditions of selection, participation and attendance mentioned in the Training Guide and on COREP web site. In the event of successful selection, I am not bound to confirm my enrolment to the Master/Course. In the event of unsuccessful selection, COREP is not bound to admit me to the Master/Course. Furthermore COREP reserves the right to cancel the Master/Course failing the minimum conditions required.

## INFORMATION AND CONSENT

Pursuant to the legislative decree no. 196/2003 Data Protection Code, COREP declares that the data processing is indispensable for the purposes of this application form and for purposes connected with the performance of the COREP institutional activities.

With this signature I permit the use of my personal data for the purposes related to this application form and in compliance with the above mentioned legal regulations.

Date.....

Signature.....