

## TRANSFER REQUEST

### NOTICE FOR PARTICIPATING IN THE CALL FOR THE TRANSFER PROCEDURE REGARDING THE SECOND YEAR OF THE DEGREE COURSES IN MEDICINE AND SURGERY TAUGHT IN ENGLISH A.Y. 2019-2020

THE UNDERSIGNED \_\_\_\_\_

BORN IN \_\_\_\_\_ PROV. \_\_\_\_\_ ON \_\_\_\_\_

ADDRESS \_\_\_\_\_ N. \_\_\_\_\_

CITY \_\_\_\_\_ PROV. \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ PHONE NUMBER 2 \_\_\_\_\_

E-MAIL \_\_\_\_\_

TO BE ENROLLED IN THE \_\_\_\_\_ YEAR OF THE DEGREE COURSE IN \_\_\_\_\_

FOR THE 2018/2019 A.Y. AT THE UNIVERSITY OF \_\_\_\_\_

### **REQUESTS**

A TRANSFER TO THE SECOND YEAR TO UNICAMILLUS UNIVERSITY IN ROME IN THE DEGREE COURSE IN  
MEDICINE AND SURGERY.

#### **ATTACHMENTS:**

- SELF-DECLARATION IN SUBSTITUTION OF ATTESTED AFFIDAVIT WITH THE UNIVERSITY ENROLMENT YEAR, THE PASSED EXAMS AND GRADES. THE SELF-DECLARATION SHOULD INCLUDE THE DEGREE COURSE CLASS AND THE SCIENTIFIC DISCIPLINARY SECTOR.
- STUDY PLAN
- PROGRAMME OF THE SUBJECTS
- COPY OF THE BANK TRANSFER for a total of 150,00 euros - **Beneficiary:** UniCamillus University - **Iban** IT 42 J 05696 03200 000013134X49 (BANCA POPOLARE DI SONDRIO) BIC/SWIFT : POSO IT 22 **Purpose:** (\*Indicate name and surname registered and transfer request)
- DECLARATION OF HAVING VIEWED THE CIRCULATION REGARDING THE TREATMENT OF PERSONAL DATA IN ACCORDANCE WITH ART. 13 AND 14 OF THE EUROPEAN REGULATION 2016/679 ON “PROTECTION OF NATURAL PERSONS WITH REFERENCE TO THE TREATMENT OF PERSONAL DATA” (HEREINAFTER “GDPR”) PROVIDED BY UNICAMILLUS

DATE AND PLACE

FULL SIGNATURE

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