

To
UNICAMILLUS
Via di Sant'Alessandro, 8, 00131 Rome
e-mail: trainingweek@unicamillus.org

ADMISSION TEST TRAINING WEEK APPLICATION FORM - UNICAMILLUS

The undersigned (Surname)_____ (Name)_____

Place of birth_____ Date of birth____/____/____

Fiscal Code_____

Citizenship_____ Residing in_____ postcode_____ (Prov. _____)

Address (Street) _____ (Number) _____

Telephone _____ Mobile_____

E-mail: _____

**Requests to register to the ADMISSION TEST TRAINING WEEKEND:
(please tick the session of interest)**

- ✓ **Session 1 – January 10, 11, & 12**
- ✓ **Session 2 – January 17, 18 & 19**
- ✓ **Session 3 – January 24, 25 & 26**

The undersigned **declares**, pursuant to Legislative Decree n. 445/2000 and subsequent amendments and additions, aware of the sanctions in the event of false statements, adopting or use of false acts under his/her own responsibility that:

- ✓ **he/she obtained a secondary high school diploma / is enrolled in the last year of secondary high school**
Institute_____ A.Y._____
- ✓ **he/she paid the registration fee for a total of 950,00 Euros + VAT**

BENEFICIARY: Saint Camillus International University of Health and Medical Sciences - UniCamillus
IBAN: IT42J0569603200000013134X49 (BANCA POPOLARE DI SONDRIO)

REASON: (*Name and Surname of the applicant and ADMISSION TEST TRAINING WEEKEND - SESSION)

The undersigned submits by e-mail (trainingweek@unicamillus.org), attached to this Application form:

- ✓ Copy of the valid Identity Document, signed on both sides;
- ✓ Information pursuant to national and EU legislation on the protection of personal data
- ✓ Payment Receipt of the registration fee

(Date)

(Signature)

Please note that the University reserves the right to plan other sessions and change sessions dates and time notified well in advance.