

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

APPLICATION FORM

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 training course for the admission test held online from Monday January 22 to Friday January 26, 2024.

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 one of the last two years of high school**
- ✓ **he/she paid the registration fee for a total of 700,00 Euros**

BENEFICIARY: Saint Camillus International University of Health and Medical Sciences - UniCamillus

IBAN: IT17 T056 9603 2000 0001 3317 X38 (BANCA POPOLARE DI SONDRIO)

REASON FOR PAYMENT: (*Name and Surname of the applicant, Training course)

- ✓ to choose the Admissions test preparation course for : (Choose the language course)
- Medicine in ITALIAN / ENGLISH
- Dentistry in ITALIAN
- ✓ to be aware that the University reserves the right to change dates, times and teaching methods (communicated in advance) and not to activate the course if the number of registered students is less than 10.

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 remember that the registration form, including payment slip, must be provided before Thursday January 18 (1:00pm) and that registrations delivered after the max set number of participants will not be taken into consideration, and the paid amount will be credited back to the participant's account.

* The e-mail address included by the participant in this form will be used for communication purposes and for course credentials. Please include your personal e-mail address.