

*Attachment 1*

**TRANSFER APPLICATION**

# TO THE SECOND YEAR OF THE SINGLE CYCLE DEGREE COURSE IN MEDICINE AND SURGERY TAUGHT IN ENGLISH OF UNICAMILLUS UNIVERSITY A.Y. 2020-2021

THE UNDERSIGNED

PLACE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PROV. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_N.

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

TELEPHONE MOBILE E-MAIL

ENROLLED IN THE YEAR OF THE DEGREE COURSE IN

FOR THE ACADEMIC YEAR 2019/2020 AT THE UNIVERSITY

## REQUESTS

TO BE TRANSFERRED TO THE II YEAR OF THE SINGLE CYCLE DEGREE COURSE IN MEDICINE AND SURGERY OF UNICAMILLUS UNIVERSITY.

## THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS FORM:

* STUDY PLAN
* SINGLE COURSES PROGRAMMES
* COPY OF THE BANK TRANSFER of 150 Euro - Beneficiary: UniCamillus University - Iban IT 42 J 05696 03200 000013134X49 (BANCA POPOLARE DI SONDRIO) BIC/SWIFT : POSO IT 22 - Reason “Payment for the Transfer Application Name and Surname”
* CERTIFICATE OF ENROLMENT ISSUED BY THE HOME INSTITUTION
* UNIVERSITY STATEMENT WITH EXAMS, GRADES, ECTS ACHIEVED AND SCIENTIFIC DISCIPLINARY SECTORS (SSD); IN LIEU OF THE STATEMENT, A SELF-CERTIFICATION WITH THE INFORMATION REQUIRED (PROVISIONAL)
* DECLARATION OF ACKNOWLEDGEMENT OF THE POLICY FOR THE PROTECTION OF PERSONAL DATA UNDER ARTT. 13 AND 14 OF THE EU REGULATION 2016/679 ON THE "PROTECTION OF INDIVIDUALS CONCERNING THE TREATMENT OF PERSONAL DATA” PROVIDED BY UNICAMILLUS.

DATE AND PLACE

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FULL SIGNATURE

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