**TRANSFER APPLICATION**

# TO THE SECOND YEAR OF THE DEGREE COURSES IN HEALTH PROFESSIONS

# 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 AT UNICAMILLUS UNIVERSITY FOR THE DEGREE COURSE IN:

PHYSIOTHERAPY (in english language)

RADIOLOGY, DIAGNOSTIC IMAGING AND RADIOTHERAPY TECHNIQUES (in english language)

NURSING (in english language)

MIDWIFERY (in italian language)

BIOMEDICAL LABORATORIES TECHNIQUES (in italian language)

## ATTACHED AT THIS FORM ARE THE FOLLOWING DOCUMENTS :

* enrolment certificate issued by the home institution (or a provisional self certification) stating passed exams and grades, fcu achieved, class of the degree course and scientific disciplinary sectors;
* study plan;
* single courses programs;
* Copy of bank transfer of 150,00 euro - **beneficiary**: unicamillus university-

**Iban** it 17 T 05696 03200 000013317X38 (banca popolare di sondrio) bic/swift : posoit22XXX

**Reason** (please state name and surname of the student - “payment for transfer application”)

* Statement confirming the acknowledgment of the policy for the protection of personal data under articles 13 e 14 of regulation (ue) 2016/679 on "protection of individuals concerning the treatment of personal data" (hereinafetr also "gdpr") provided by unicamillus.

DATE AND PLACE FULL SIGNATURE