



# RESIDENZA UNIVERSITARIA BIOMEDICA

FONDAZIONE COLLEGIO UNIVERSITARIO  
S. CATERINA DA SIENA

## APPLICATION FORM TO RECONFIRM PLACE AS A STUDENT FOR THE YEAR 20\_\_ / 20\_\_

(to send back to [biomedica.segreteria@collegiosantacaterina.it](mailto:biomedica.segreteria@collegiosantacaterina.it))

Surname \_\_\_\_\_ Name \_\_\_\_\_

Place of birth \_\_\_\_\_ Country \_\_\_\_\_

Date of birth \_\_\_\_\_ Nationality \_\_\_\_\_

Address \_\_\_\_\_

Ph. \_\_\_\_\_ mobile phone \_\_\_\_\_

E-mail \_\_\_\_\_

I ask to reconfirm my place at **Residenza Universitaria Biomedica** for academic year 20\_\_ / 20\_\_

### For this purpose:

- I declare I enroll at the \_\_\_\_\_ year of Bachelor's degree course in \_\_\_\_\_ and I attach a certificate with evidence of the examinations passed with related credits and marks.
- I declare I enroll at the \_\_\_\_\_ year of second-level (two-year) Master's degree course (Laurea Magistrale) / long-cycle Master's degree course (Laurea Magistrale a ciclo unico) in \_\_\_\_\_ and I attach a certificate with evidence of the examinations passed with related credits and marks.
- I declare I enroll at the \_\_\_\_\_ year of Post-lauream course (PhD, Specialist course, post-lauream Master's course) and to fulfill all the requirements needed for the enrolment to subsequent years as foreseen by the study program and hereby attach the related certificate.
- I declare that my Gross annual family income/scholarship is \_\_\_\_\_ (please attach supporting documentation)

I confirm that the information provided on this application form are true, accurate and complete.

Date \_\_\_\_\_ Signature \_\_\_\_\_

*The Fondazione Collegio Universitario S. Caterina da Siena will use the information provided for the purposes of assessing the admission application. In case of reconfirmation these will be included in files, both in electronic and paper format, containing personal, academic and financial information of the student.*

*Otherwise the data will be stored and used only for internal statistical investigation purposes. In any case, the data will be stored and used in accordance with EU Regulation no. 2016/679*

*The student authorizes, pursuant to EU Regulation no. 2016/679, the processing of personal data in the context of the procedure for which they are intended.*

Date \_\_\_\_\_ Signature \_\_\_\_\_