

TO THE CHANCELLOR OF UNIVERSITÀ DEGLI STUDI EUROPEA DI ROMA

Joint Educational Program with University of Salzburg A.Y. 2023/2024

Application form to be sent to:

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1. PERSONAL DATA:	
Surname:	Name:
City of birth:	Date of birth:// Nationality:
Fiscal Code:	Mobile phone:
Tel.:	_ E-mail:
Permanent Address:	n°: cap: City:
Current Address:	n°: cap:
City:	
ID Card or Passport N°:	
2. CURRICULUM DATA:	
Average grade:	CFU:
Enrollment number:	
Enrolled on the year of t	the Integrated Master's Degree in Law



3. ATTACHMENTS:	
 □ 2 passport size photos (with your name written on the back), plus the one □ Self-certification of enrolment with the updated status of student's career □ English language proficiency certificate 	
☐ Copy of valid identity card.	
Cover letter in English.	
Curriculum Vitae in English	
The present application form must be filled only in electronic way	7.
I authorize the processing of my personal data, under the Legislat the purposes envisaged by the program.	tive Decree No. 101/2018, for
Rome,/	
	Signature
Pursuant to and for the purposes of Presidential Decree 403 of 20 of the criminal liability may face in case of false statements an resulting from measures adopted on the basis of false declarations	nd forfeiture of any benefits
Rome,/	
	Signature