**To THE RECTOR of**

**Università degli Studi Europea di Roma**

|  |  |  |
| --- | --- | --- |
| **Certified Training Program**  **World Youth Alliance**  **Application form to be handled to:**  **International Relations Office**  **by January 31st, 2020 at 13.00** |  | **PHOTO**  **🡷 🡶** |

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**1. PERSONAL DATA:**

**Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_/\_\_/\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. CURRICULUM DATA:**

**Average grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CFU:\_\_\_\_\_\_\_\_\_\_\_\_ Student number: \_\_\_\_\_\_\_\_\_\_**

**Final grade (if enrolled in a Master’s degree Course): \_\_\_\_\_\_\_\_\_\_\_\_ /110 □ cum laude**

**Enrolled in the \_\_\_\_\_\_\_\_\_ year of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the Degree Course of:**

**□ Psychological Sciences and Techniques (Bachelor’s degree)**

**□ Psychology (Master’s degree)**

**□ Economics and Business Administration (Bachelor’s degree)**

**□ Economics and Innovation Management (Master’s degree)**

**□ Tourism (Bachelor’s degree)**

**□ Law (Single-cycle degree)**

**□ Science of Primary Education (Single-cycle degree)**

**Tot.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (reserved to the Academic Commission)**

**3.ATTACHMENTS :**

**❑** Attachment No.1:Motivational Essay in English

❑ The most up-to-date transcript from Esse3 translated in English

❑ English language proficiency certificate (if available)

❑ 1 passport size photo pasted on this application form

**The present application form must be filled only in electronic way.**

**I authorize the processing of my personal data, under the Legislative Decree No. 101/2018, for the purposes envisaged by the programme.**

Rome, \_\_/\_\_/\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pursuant to and for the purposes of Presidential Decree 403 of 20/10/98, I declare to be aware of the criminal liability may face in case of false statements and forfeiture of any benefits resulting from measures adopted on the basis of false declarations.**

Rome, \_\_/\_\_/\_\_\_\_

Signature

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