**UER POSTGRADUATE COURSE**

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**APPLICATION FORM**

**1. PERSONAL INFORMATION**

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

Birth date: \_\_/\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current address in your home country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address in Rome (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. (with international prefix): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact tel. number in case of emergency::\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  **2. REQUESTED DEGREE****1st level Postgraduate course:**❑ Master in “Intelligenza Artificiale”❑ Specialisation course “Il diritto dell’Europa per l’Impresa”❑ Master in Retail Management❑ Master in Mobility Management❑Master in “Management delle Organizzazioni Turistiche”❑Specialisation course in Disability and Diversity Management❑Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**2nd level Postgraduate course:**❑Master in Management consulting❑Master in “Neuropsicologia Clinica”❑Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3. ACADEMIC INFORMATION:**

**For 1st level Postgraduate course:**

Secondary school leaving qualification obtained at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Institution’s name) in \_\_\_\_\_\_\_\_\_\_\_\_ (Institution’s location)

Are you currently enrolled in a Bachelor’s Degree at other university?

 **❑**No, I am not currently enrolled in a Bachelor’s Degree at other university

 **❑**Yes, I am currently enrolled in a Bachelor’s Degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Bachelor’s Degree’s name) at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Institution’s name) in \_\_\_\_\_\_\_\_\_\_\_\_ (Institution’s location)

 **For 2nd level Postgraduate course:**

Bachelor’s Degree obtained at at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Institution’s name) in \_\_\_\_\_\_\_\_\_\_\_\_ (Institution’s location)

Are you currently enrolled in a Master’s Degree at other university?

 **❑**No, I am not currently enrolled in a Master’s Degree at other university

 **❑**Yes, I am currently enrolled in a Master’s Degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Master’s Degree’s name) at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Institution’s name) in \_\_\_\_\_\_\_\_\_\_\_\_ (Institution’s location)

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| **4. ITALIAN LANGUAGE SKILLS****❑** I have attached to my application a B2 Italian language certificate.**❑** I have no Italian language certificate but I herewith request to take the B2 Italian language test delivered online by UER |

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| **5. PERSONAL INTERVIEW (if required by the specific programme)****❑** I am available to do the personal interview (if required by the specific programme) at the University - Via degli Aldobrandeschi 190 - 00163 Rome, Italy**❑**  I prefer to do the personal interview (if required by the specific programme) online since I am currently residing outside Italy.**❑** The admission process of the study programme I am applying to does not require passing a personal interview (please check the specific webpage of the study programme) |

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**6. REQUIRED DOCUMENTS**

❑UER Postgraduate course Application Form

❑Photocopy of valid Passport or ID Card

❑ For application to a 1st level Postgraduate course: photocopy of Bachelor’s Degree certificate/

 For application to a 2nd level Postgraduate course: photocopy of Master’s Degree certificate

❑For application to a 1st level Postgraduate course: validation of your Bachelor’s Degree

 certificate by CIMEA National Agency/

 For application to a 2nd level Postgraduate course: validation of your Master’s Degree certificate

 by CIMEA National Agency

❑ B2 CEFR Italian language certificate. Alternatively, you should take a B2 CEFR Italian language test delivered online by UER.

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| **Date:** |  |  **Signature:** |  |