**To THE RECTOR of**

**Università degli Studi Europea di Roma**

**Summer School Program with Fordham University A.Y. 2024/20245 Application form to be sent to:**

**Elena Lecci - International Relations Office** **elena.lecci@unier.it**

**within May 13th 2025**

**1. PERSONAL DATA:**

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

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

**Tax Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n°: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n°: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Passport N°: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. CURRICULUM DATA:**

**Average Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ECTS: \_\_\_\_\_\_\_ Enrollment Number: \_\_\_\_\_\_\_\_\_\_**

**Enrolled in the \_\_\_\_\_ year of the Integrated Master Degree in Law**

**3.ATTACHMENTS:**

❑ Self-certification of enrolment with the updated status of student's career extracted from the Esse3 system

❑ International certificate on English language

❑ Copy of valid passport.

❑ Cover letter in English.

❑ Curriculum Vitae in English

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

**I authorize the processing of my personal data, under the Legislative Decree No. 196/03, for the purposes envisaged by the program.**

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

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