



PRE-ENROLLMENT APPLICATION AY 2026/27

The undersigned

SURNAME FIRST NAME

requests to be pre-enrolled for the:

Second-Level Master's Course in

FUNCTIONAL AND AESTHETIC SURGERY OF THE NOSE AND FACE

To this end, making use of the provisions of art.46 of Presidential Decree 28/12/2000 n. 445 and subsequent amendments and aware of the criminal liability provided for by Articles 75 and 76 of the aforementioned decree in cases of forgery of documents and false declarations indicated therein,

DECLARES UNDER HIS OWN RESPONSIBILITY THAT THE DATA BELOW ARE CORRECT AND UPDATED

PERSONAL DATA

Table with 3 columns: Tax ID code, Date of birth, State of Birth, Sex, City of birth, Citizenship, Prov.

RESIDENCE

Table with 3 columns: Address, City, State, ZIP CODE, Cell phone, Prov., E-mail

ACCESS TITLE

Table with 2 columns: DEGREE:, Year of achievement, Vote, University, Specialization, Enrollment in another Italian university course of study YES NO

DECLARES FURTHERMORE

- 1. Of have taken vision of the information on the treatment of the data personal of the user student to the senses of the art.13 and 14 of the GDPR – EU Regulation 2016/679 and art. 15 of the Regulation on data protection personal in implementation of the Regulation EU 2016/679 on the Portal of the University;
2. Of have taken vision of the Vademecum for who study and of the Regulations of University, in particular of the The Tuition Fees and Contributions Regulations, part of the Student Career Regulations, are available on the University Portal.

The attached files (valid identity document, tax code, and CV) form an integral part of this application.

..... place and date

..... signature