



Università degli studi di Milano-Bicocca  
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## **APPLICATION FORM – INCOMING TRAINEESHIP/VISITING/EXCHANGE STUDENTS**

**Academic Year .....**

### ***Personal Details***

Surname:

First name/s:

Sex:        Male         Female

Date and Place of Birth:

Nationality:

### ***Contact Information***

E mail:

Home address:

***Your sending Institution:***

***Your course of study at University of Milano-Bicocca: MEDICINE***

### ***Expected Mobility period***

Length of stay: From ..... to.....

***Signature***

***Date***

***PLEASE ATTACH A COPY OF YOUR ID AND A PHOTO OF YOURSELF IN JPEG FORMAT***