## Allegato 1

## **"VIRGILIO PROGRAM" - APPLICATION FORM**

To the Responsible of the Virgilio Program

The undersigned \_\_\_\_\_

currently enrolled in the 3<sup>rd</sup> year of the Medicine and Surgery Degree course at Università degli Studi di Milano-Bicocca

born in: \_\_\_\_\_\_ date of birth: \_\_\_\_\_

resident in: \_\_\_\_\_

student enrollment number (matricola): \_\_\_\_\_

hereby applies to the Integrative Course "Virgilio Program".

The undersigned declares:

- □ to be enrolled for the first time in the 3<sup>rd</sup> year of the Medicine and Surgery Degree Course;
- □ to have acquired all the course credits (CFU) planned for the first two years, according to the Course Regulation;
- □ to have passed all the exams planned by the Course Regulation with a passing rate of min. 27/30.

I hereby enclose a motivation letter (max 2 pages) expressing my interest in the program.

Milan,....

Signature.....

**Note:** Please fill up, sign, scan and send the application form along with the motivation letter to <u>programma.virgilio@unimib.it</u> by May 4<sup>th</sup>, 2018

Information regarding the processing of personal data (D.L. n. 196 del 30/06/2003).

Candidates' personal data will be kept and used only for didactic and administrative purpose, with the utmost respect to the right to privacy.