

ADMISSION APPLICATION AS AUDITOR TO A SPECIALIST MASTER PROGRAMME

TO THE DEAN OF THE UNIVERSITY OF PIEMONTE ORIENTALE "AMEDEO AVOGADRO"

I the undersigned (complete name) _____

(complete last name) _____ M F

Born on the _____ in _____

Province/Nation of birth _____

Nationality _____

RESIDENCE

(complete address) _____

Town _____

Province/Nation _____

Mobile phone (specify if the number is Italian or foreign) _____

DOMICILE

(Please fill only if different from your permanent/ residence address or if you already have an actual address in Italy)

(complete address) _____

Town _____

postal code (if in Italy) _____ Province/Nation. _____

MY ACADEMIC QUALIFICATIONS

A. Degree course _____

University _____

Academic year _____ / _____ date _____ final grade _____

B. Master's degree course _____

University _____



Academic year _____ / _____ date _____ final grade

REQUEST

to be admitted as **auditor** to the Specialist Master's programme in

Offered by the department DISSTE for the academic year _____ / _____

I declare to be aware that in case of admission to the aforementioned Specialist Master and I will, under penalty of forfeiture, complete the registration by the delivery of the necessary documentation prescribed in the notice no later than the deadline set by the regulation of the course of study.

The documentation required in the notice is in attachment.

In the matter of protection of confidentiality I am aware that the personal data contained in this application and the others eventually acquired by this University in the course of the Specialist Master Programme in _____

will be treated in accordance with D.Lgs. 30 June 2003, n. 196.

Place and date _____

Signature _____