

**I, the undersigned** (*name & Surname*) \_\_\_\_\_

**Citizenship:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Ph:** \_\_\_\_\_

Participant of the International MD Program Admission test held on (date) \_\_\_\_\_

**HEREBY REQUEST**

**to apply for selection to the International Mobility Program at Gulf Medical University (HDPCS)**

**AND DECLARE**

**I have read and understood all contents of:**

- The Admission Announcement to the International MD Program
- the Mobility Announcement for admission and selection to the HDPCS at GMU

Yours Faithfully,

Date:

Signature:

\_\_\_\_\_

\_\_\_\_\_

Please send this form in pdf to [admissions@univr.it](mailto:admissions@univr.it) enclosing a copy of your ID/passport