

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 (ADPCS)

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 ADPCS at GMU

Yours Faithfully,

Date:

Signature:

Please send this form in pdf to ammissioni@unisr.it enclosing a copy of your ID/passport