



UniSR

Università Vita-Salute
San Raffaele

ENROLMENT FORM

To the Chancellor of
Università Vita-Salute San Raffaele, Milan

I, the undersigned _____ country of birth _____
date of birth ___/___/___, citizenship _____ permanent address _____
city _____ country _____ zip code _____
telephone number ___ / _____ Email _____

Having been awarded the following Secondary school Leaving Certificate (ex. IB Diploma, GCE A-Levels...)

at (name of the school, address, city, country) _____

on (date) _____ with the following score _____

REQUEST

to enroll in the first year of the Degree Course “Corso di Laurea Magistrale a ciclo unico” **International MD Program, MEDICINA E CHIRURGIA IN LINGUA INGLESE** for the 2022/2023 academic year
as

- Standard Student (first enrollment at an Italian university)
- Transfer or withdrawing Student (please fill in the dedicated box in the last page of this form)
- Graduate Student (please fill in the dedicated box in the last page of this form)

And to be allowed to register for the exams of the Course, under condition of regular payment of the University tuition fees.

Università Vita-Salute San Raffaele

Via Olgettina 58 – 20132 Milano

Tel. +39 02 91751 500

P. IVA 13420850151 – Cod. Fisc. 97187560152 – N° REA MI-1511742

www.unisr.it



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San Raffaele

I, the undersigned _____

DECLARE

1. To have submitted all the documents requested for enrolment together with the payment receipt of the first instalment of the University tuition fees.
2. To have read and accepted the costs and conditions of the course published on the University's website.
3. To be informed of the possibility of withdrawing from the course with written communication through the online procedure and of what withdrawing involves:
 - **withdrawing before November 30 of the current year involves a partial refund as indicated on the University's website.**
 - **withdrawing from the course after November 30 of the current year involves payment of the whole amount of tuition fees that will not be reimbursed.**
4. That my enrollment at this University is compliant with Art. 14 of the Legislation on Higher Education which forbids simultaneous enrollment in more than one Degree Course.

AND DECLARE

- To accept that the University informs my parents/guardian on my academic career.
 To refuse that the University informs my parents/guardian on my academic career.

I declare I have read and accept points 1, 2, 3, 4

Milan, date __/__/____ Student's signature _____

To be filled in by the Parent or Guardian only for minors _____

According to the article 1936 of the Civil Code (*Codice Civile*) I personally commit myself towards Università Vita-Salute San Raffaele in fulfilling the obligation contracted by (indicate name and surname of the student) _____

For the payment of the tuition fee indicated in this registration form

Signature of the Parent (or Guardian) _____ *

* The Parent (or Guardian) authorises UNISR to use personal data hereby declared, according to the art. 13 of the legislative Decree 30/06/2003 n°196 only for the aims mentioned on the present form.

Signature of the Parent (or Guardian) _____

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TO BE FILLED IN ONLY BY STUDENTS WHO HAVE ALREADY BEEN AWARDED A UNIVERSITY DEGREE/DIPLOMA

Graduated at (name of the University) _____

Country _____

Title awarded _____

Faculty of _____

Degree/Diploma in _____ Date of 1st matriculation ___/___/____

Degree/Diploma score _____ Date of Degree/Diploma ___/___/____

TO BE FILLED IN ONLY IF TRANSFERRING OR WITHDRAWING FROM OTHER ITALIAN UNIVERSITIES

Name of the University you are transferring/withdrawing from: _____

Faculty of _____ Degree/Diploma in _____

Date of 1st matriculation ___/___/____

I Attach to this form:

- Copy/receipt of the transfer/withdrawal request from the leaving University
- Request for evaluation of the preceding University career

COMPULSORY

ADDRESS FOR RECEIVING WRITTEN COMMUNICATIONS

Address _____ City _____ County _____

State _____ Zip code _____ Phone ___/____

Mobile Phone ___/____ E-mail _____

Student's signature _____

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