



UniSR

Università Vita-Salute
San Raffaele

ENROLMENT FORM

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

I, the undersigned _____ country and city of birth _____

date of birth ___/___/___ citizenship _____ permanent address _____

city _____ country _____ zip code _____

telephone number _____ E-mail _____

Having been awarded the following secondary school qualification (ex. IB Diploma, GCE A-Levels etc...)

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

on (date) ___/___/___ with the following final grade _____

REQUEST

to enroll in the first year of the single-cycle Degree Course “Corso di Laurea Magistrale a ciclo unico” **International MD Program, MEDICINA E CHIRURGIA IN LINGUA INGLESE** for the academic year 2026/2027

as (please flag only one of the four options):

- 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)
- Student simultaneously enrolled in two Degree courses in compliance with Italian Law n. 33 of April 12, 2022

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 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.**

AND DECLARE

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

Date __ / __ / ____

Student's signature _____

To be filled in by the Parent or Guardian only for minors: I, the undersigned _____

In compliance with 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 International MD program tuition fees.

Signature of the Parent or Guardian* _____

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

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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 (ex. BSc, BA...) _____
Faculty/Department of _____ Degree/Diploma in _____
Date of 1st enrolment ___/___/_____ Degree/Diploma final grade _____
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/Department of _____ name of the course _____
Date of 1st enrolment ___/___/_____

I Attach to this form:

- Copy/receipt of the transfer/withdrawal request from the leaving University.

COMPULSORY

ADDRESS FOR RECEIVING WRITTEN COMMUNICATIONS

Address _____ City _____ County _____
State _____ Zip code _____ Phone ___/_____/_____ Mobile _____
Phone ___/_____/_____ E-mail _____

The above in compliance with the Italian Legislative Decree 30 June 2003, n. 196 with regard to the processing of personal data.

Date _____

Student's signature _____

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