



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 Master's Degree in **Biotechnology and Medical Biology** for the academic year
2022/2023

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 _____

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COMPULSORY

ADDRESS FOR RECEIVING WRITTEN COMMUNICATIONS

Address _____ City _____

County _____ State _____

Zip code _____ Phone _____ / _____

Mobile Phone _____ e-mail _____

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

Student's signature _____

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