



ENROLMENT / REGISTRATION FORM

To the *Rector*
Of Università Vita-Salute San Raffaele
Milan

I, the undersigned _____ Country of Birth _____
Date of Birth ___/___/___, Citizenship. _____ Fiscal code _____
Permanent Address _____ City _____
Country _____ Zip Code _____ Telephon number ___/_____
In possession of the following High School Certificate (ex. Italian maturità, IB Diploma)

Obtained in (year) _____ Score _____ Email _____

REQUEST

Registration/Enrolment to the _____ year of the Academic Year ___/___ in the Degree Course/Corso di
Laurea Magistrale: **International MD Program, MEDICINA E CHIRURGIA IN LINGUA INGLESE**

As

- Regular Student (first registration to the University System)
- Transfer o withdrawing Student (fill in the dedicated spaces in this form)
- Graduate Student (fill in the dedicated spaces in this form)

**To be permitted to register to the exams of the course,
under condition of regular payment of the University Tuition fees**





I, the undersigned _____

DECLARE

1. To have handed all the documents requested for enrolment together with the payment receipt for the first instalment of the University tuition fees.
2. To have read and accepted the costs and conditions of the course as indicated in the dedicated spaces of this form.
3. To be informed of the possibility of withdrawing from the course with written communication using the correct form and of what withdrawing involves:
 - **If withdrawing before November 30, 2019, it involves payment of the taxes which for the current year amount to euro 356,00 (unless Regional Taxes change due to the Regional Authorities' decisions) plus a 20% penalty of the sum already paid. The difference will be reimbursed by the University no later than December 31 2019;**
 - **If withdrawing from the course during the academic year, it involves payment of the whole sum of the taxes and University tuition fees unless the withdrawal is due to important and proved personal or family reasons; in this case the student will not be reimbursed of the sum already paid and will have to pay a penalty of 20% of the annual Taxes and Tuition fees the student still owes the University.**
4. That my subscription to this University is not contrary to the art 14 of the Legislation on Higher Education where it is stated that it is forbidden to enrol to more than one University.
5. To accept that the University will inform parents or the person indicated by the student on His/her University career.

Milan, date __/__/____ Student's signature_____

I declare I have read and accepted the articles 1, 2, 3, 4, 5

Milan, date __/__/____ Student's signature_____

To be filled in by the Parent or Guardian _____

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 Article 13 of the Regulation (EU) 2016/679 of the European Parliament

Signature of the Parent (or Guardian)_____*



**AFFIDAVIT
SUBSTITUTIVE DECLARATION OF CERTIFICATION**

(Art. 46 e Art 47 D.P.R. n. 445/2000)

I, the undersigned,

Surname _____ Name _____

Born in (city) _____ State _____

Country _____ Date of Birth ____/____/____

Identification:

ID document n°. _____ Passport n°. _____

I understand I will be liable to prosecution if I give false information as indicated by the laws regarding Affidavit and Substitutive Declarations of the Italian Penal Code.

I declare that the facts stated, the photographs and the documentation attached to this affidavit are true, correct and authentic

Milan, date ____/____/____

Student's signature _____

(To be signed only in presence of the appointed University employee)

OTHER SPACES TO FILL IN

**COMPULSORY
ADDRESS FOR RECEIVING WRITTEN COMMUNICATIONS**

Address _____ City _____

County _____ State _____

zip code _____ Phone _____

Mobile Phone _____ e-mail _____





OBLIGATORY FIELDS

INFORMATION ON THE STUDENT'S SECONDARY /HIGH SCHOOL

Name of the Institution (Secondary/ High School) _____

Address _____ City _____

State _____ Country _____

Zip code _____

TO BE FILLED IN ONLY BY STUDENTS WHO ALREADY POSSESS 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 ONLY IF TRANSFERRING OR WITHDRAWING FROM OTHER ITALIAN UNIVERSITIES

Name of the University you are 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 _____

