



# UniSR

Università Vita-Salute  
San Raffaele

Milan, \_\_/\_\_/\_\_\_\_

## APPLICATION FORM - POST GRADUATE TRAINING PROGRAMS

Surname \_\_\_\_\_ Name \_\_\_\_\_

Country of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Profession \_\_\_\_\_

Email \_\_\_\_\_

Telephone number \_\_\_\_\_

ASKS

to be enrolled for the following course:

Course Name: \_\_\_\_\_

### ATTACHMENTS:

- copy of identity card;
- copy of the bank payment;
- privacy protection of personal information, as required by Article 13 of Legislative Decree 30/06/2003 No. 196, signed by the student.

\_\_\_\_\_  
(Signature)

**Università Vita-Salute San Raffaele**

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