

SINGLE COURSES APPLICATION FORM

Photo

1. PERSONAL INFORMATION

Surname: _____ Name: _____

Birth date: __/__/____ Place of birth: _____ Nationality: _____

Address in your home country: _____

Address in Rome (if any): _____

Tel. (with international prefix): _____ E-mail: _____

Contact tel. number in case of emergency: _____

2. ACADEMIC INFORMATION:

Are you currently enrolled in a university?

☐ No, I am not currently enrolled in a University-

☐ Yes, I am currently enrolled in a University.

Name: _____ Faculty (e.g. Law): _____

City: _____ Country: _____

☐ Bachelor's Degree/

☐ Master's Degree

Number of semester of study (e.g. 2°) _____

3. INTENDED STUDY PERIOD AT UER

☐ Fall term (Oct – Jan)

☐ Spring term (Feb – Jun)

☐ Full year (Oct-Jun)

