



UNIVERSITÀ DEGLI STUDI DELL'AQUILA

UFFICIO RELAZIONI INTERNAZIONALI

Palazzo Camponeschi, Piazza Santa Margherita, 2 - 67100 L'Aquila, tel: 0862 432767

E-mail: welcome@strutture.univaq.it

APPLICATION FOR ADMISSION A.Y. _____ / _____

Applications Deadlines: 30.June: Fall semester 30. October: Spring Semester

2 Photos

EXCHANGE PROGRAM:

Erasmus + Other exchange programs

EXCHANGE TYPE:

Study Traineeship

PERSONAL INFORMATION

Name					
Surname					
Gender (m/f)		Age			
Date of Birth (dd/mm/yyyy)	/ /		Place of Birth		
	Country				
Citizenship(s)					
E-mail					

Permanent Home Address

Street				N.	
Postal Code		City		State	
Country					
Phone					

Your Home University

Name					
Street				N.	
Postal Code		City		State	

Contact Person at your University

Office / Dept.					
Name, Surname					
Street				N.	
Postal Code		City		State	
Phone					
E-mail					

VISA Details

Are you from an EU- Country? Yes No IF NOT:

Passport number	
Country of issue	

ARE YOU INTERESTED IN AN ITALIAN LANGUAGE COURSE FOR FOREIGN STUDENTS?

Yes No

STUDY PERIOD ABROAD

Nr. of months	
Fall Semester	
Spring Semester	
Expected arrival (dd/mm/yy)	
Expected departure (dd/mm/yy)	

EDUCATIONAL PLAN

In which Department would you like to be enrolled at University of L’Aquila?

- Department of Biotechnological and Applied Clinical Sciences
- Department of Civil, Construction-Architectural and Environmental Engineering
- Department of Human Studies
- Department of Industrial and Information Engineering and Economics
- Department of Information Engineering, Computer Science and Mathematics
- Department of Life, Health and Environmental Sciences
- Department of Physical and Chemical Sciences

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(to be completed by the sending university’s exchange student officer)

Student Name: _____

Has the student obtained the necessary approval from your institution to study abroad?

- Yes* *No*

Name of sending university’s Institutional Coordinator: _____

Date (dd/mm/yyyy) ___/___/20___

Stamp and Approval Signature: _____

APPLICATION MUST INCLUDE THE FOLLOWING ITEMS:

- 1) **Transcript:** Submit one copy of your official university transcript showing work completed.
- 2) **Photo:** one photo jpeg format
- 3) **Copy of passport** or copy of a valid ID card

All these items have to be sent by mail to:
welcome@struttura.univaq.it

My signature below indicates that all information contained in my application is complete, factually correct, and honestly presented; and that my admission and subsequent registration may be cancelled if this information is found to be false or intentionally omitted.

DATE (dd/mm/yyyy)

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Signature

UnivAQ OFFICE USE ONLY				
Accepted		Institutional Coordinator University of L’Aquila – Prof. Bruno Rubino		
Not Accepted		Firma	Data	Nr.