



UNIVERSITÀ DEGLI STUDI DELL'AQUILA

2 Photos

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

EXCHANGE PROGRAM:

- Erasmus + Other exchange programs

PERSONAL INFORMATION

Name																									
Surname																									
Gender (m/f)	Age																								
Date of Birth (mm/dd/yy)	-	-	Place of Birth																						
	Country																								
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																									
Fax																									
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

ABROAD STUDY PERIOD

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 exchange student officer)

Student Name: _____

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

Yes No

Name of Institutional Coordinator: _____

Date (dd/mm/yy) ____/____/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
- 4) **Letter attesting the Exchange scholarship assignment.**

All these items have to be sent by mail to:

welcome@strutture.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/yy)

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 Signature

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