**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

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### EXCHANGE PROGRAM:
- ☐ Erasmus +  
- ☐ Other exchange programs

### PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Surname</th>
<th>Gender (m/f)</th>
<th>Age</th>
<th>Date of Birth (mm/dd/yy)</th>
<th>Place of Birth</th>
<th>Country</th>
</tr>
</thead>
</table>

### E-mail

### Permanent Home Address

<table>
<thead>
<tr>
<th>Street</th>
<th>N.</th>
<th>Postal Code</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

### Your Home University

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>N.</th>
<th>Postal Code</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

### Contact Person at your University

<table>
<thead>
<tr>
<th>Office / Dept.</th>
<th>Name, Surname</th>
<th>Street</th>
<th>N.</th>
<th>Postal Code</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

### 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

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Nr. of months</td>
<td></td>
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<tr>
<td>Fall Semester</td>
<td></td>
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<tr>
<td>Spring Semester</td>
<td></td>
</tr>
<tr>
<td>Expected arrival (dd/mm/yy)</td>
<td></td>
</tr>
<tr>
<td>Expected departure (dd/mm/yy)</td>
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</tbody>
</table>

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

(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 assignation.

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) - - 2 0 Signature ………………………………..

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Accepted</th>
<th>Institutional Coordinator University of L’Aquila – Prof. Bruno Rubino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Accepted</td>
<td>Firma ………………………………..</td>
</tr>
</tbody>
</table>