



# UNIVERSITA' DEGLI STUDI DELL'AQUILA

2 Photos

## UFFICIO RELAZIONI INTERNAZIONALI

Via G. Di Vincenzo, 16c -67100 L'Aquila, fax: 0862 431217 E-mail: [welcom@strutture.univaq.it](mailto:welcom@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:** two photos
- 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 post to***

Università degli Studi - L’Aquila  
 Ufficio Relazioni Internazionali – Guest Office  
 Via G. Di Vincenzo 16c  
 67100 L’Aquila – Italy  
[welcome@strutture.univaq.it](mailto: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			
<b>Accepted</b>		<b>Institutional Coordinator University of L’Aquila – Prof. Anna Tozzi</b>	
<b>Not Accepted</b>		<b>Firma .....</b>	<b>Data..... Nr.....</b>