



FORM A –

To the Magnificent Rector of the University of Rome Tor Vergata
Request for clearance (nulla-osta) regarding a transfer for the 2017/2018 academic year

I the undersigned _____

Born in _____ on _____

Residence _____

Phone number _____ e-mail _____

Fiscal code (codice fiscale) _____

in accordance with the Decree of the President of the Republic of December 28th, 2000, n. 445,

DO HEREBY DECLARE:

I am enrolled at the University of _____ in the _____
year of the one cycle Master degree course in **Medicine and Surgery** held in the **English** language for the
_____/_____/_____ academic year.

I REQUEST

to participate in the selection regarding the Transfer and Admission to the one cycle Master degree in
Medicine and Surgery held in the English Language for the 2017/2018 academic year of the University of
Rome Tor Vergata

THIRD YEAR

FOURTH YEAR

FIFTH YEAR

I FURTHER DECLARE

- that I am aware the University will verify the truth of what I declare and that, should I make any false or inaccurate statements, regardless of possible penal liability, no corrections to my original declaration will be allowed and I will automatically lose the right to enrolment and any other possible benefits;
- that I would like to receive any communication relating to the above-mentioned procedure which will be sent to the personal e-mail address provided in the present application.

Rome, (date) _____

(student's signature)

The data provided in this document,, in accordance with Legislative Decree June 30, 2003 n. 196 (Code regarding privacy and the protection of Personal Data), will only be used for the administrative procedures of the University of Rome Tor Vergata.

The following documents must be provided with your transfer application:

a. Form B - Students enrolled in foreign universities, together with their application, in place of self-certification, should attach the certification issued by their University of origin containing the information requested in article 3 of the present Call.

b. Official regulation of the degree course;

c. Didactic programme of the degree course;

d. Copy of a valid identity document.

Should students fail to provide the above-mentioned documentation, their application will automatically be considered invalid.

This application must be DELIVERED PERSONALLY to the student secretarial office MEDICAL AREA - Faculty of Medicine - Via Montpellier, 1-00133 Rome by no later than December 11th, 2017

I hereby certify that _____ has delivered an application for a “nulla osta” regarding transfer to the **single cycle Master degree in Medicine and Surgery held in the English Language** for the 2017/2018 academic year.

Date, _____

Student Secretary

Stamp