



TOR VERGATA
UNIVERSITY OF ROME



**International
Medical
School**

APPLICATION FORM

*To the attention of the Dean of the Faculty of Medicine and Surgery of the University of Rome "Tor Vergata" Prof. R.Bei
And of the President of the Single Cycle Course Degree in "Medicine and Surgery" of the University of Rome "Tor Vergata" Prof.ssa L. Sarmati*

The following is a self-certification according to the artt. 46 and 47 of Presidential Decree 28.12.2000 n. 445.

Name: Surname:
Place of birth: Date of birth:/...../.....
Fiscal Code.....Matricola.....
Mobile: Email:
IBAN:

Declares to be enrolled to the Single Cycle Degree Course in "Medicine and Surgery" of the University of Rome "Tor Vergata", to have never been involved in disciplinary sanctions, to not have a criminal record and to not receive

The student wishes to compete for the following awards:

☐ "PREMIO PER MERITO" for the subject
markdate of registrationTotal CFU.....

The overall arithmetic average by the 31.08.2026 is :

☐ "PREMIO WEB ABILITIES" ☐ "PREMIO SOCIAL MEDIA"

Only for Web abilities and Social position :

- Date of B2 Level in Italiana language

- Declare the following previous verifiable experience :

1. _____
2. _____
3. _____

Declares not to receive any financial aid granted by other public or private bodies/entities.

Date/...../.....

Signature

Note : The commission reserves the right to verify the truthfulness of the declared data

This form has to be sent in pdf format to romiti@med.uniroma2.it

The award for which one is competing must be specified in the object of the email