

Allegato 1

"VIRGILIO PROGRAM" - APPLICATION FORM

To the Responsible of the Virgilio Program

The undersigned _____

currently enrolled in the 3rd year of the Medicine and Surgery Degree course at Università degli Studi di Milano-Bicocca

born in: _____ date of birth: _____

resident in: _____

student enrollment number (matricola): _____

hereby applies to the Integrative Course "Virgilio Program".

The undersigned declares:

- to be enrolled for the first time in the 3rd year of the Medicine and Surgery Degree Course;
- to have acquired all the course credits (CFU) planned for the first two years, according to the Course Regulation;
- to have passed all the exams planned by the Course Regulation with a passing rate of min. 27/30.

I hereby enclose a motivation letter (max 2 pages) expressing my interest in the program.

Milan,.....

Signature.....

Note: Please fill up, sign, scan and send the application form along with the motivation letter to virgilioprogram@unimib.it by 30th April, 2023

Information regarding the processing of personal data (D.L. n. 196 del 30/06/2003).

Candidates' personal data will be kept and used only for didactic and administrative purpose, with the utmost respect to the right to privacy.