ALMA MATER STUDIORUM – UNIVERSITÀ DI BOLOGNA

**DEPARMENT OF MANAGEMENT**

APPLICATION FORM

Call for applications to award scholarships for a study period abroad

at the University of Bologna in New York (at Tata Center - Cornell TECH)

I, the undersigned…………………………………………………………………………… student ID n. …………….., enrolled for the a.y. 2022/23 in the □ 1st year □ 2nd year

of the Master’s degree programme (please specify also the curriculum, if any):

 ……………………………………………………………………………………………………………………………………………………

(please specify the year of 1st enrolment in the degree programme: …………………………..)

**REQUEST**

To apply for the Call for Applications of the Department of Management to award scholarships for a study period abroad at the University of Bologna in New York (at Tata Center - Cornell TECH)

Aware of the criminal penalties deriving from misleading declarations of false statements, according to the art. 76 del Presidential Decree n. 445 of the 28th December 2000,

**DECLARE THAT**

* I will not receive any other scholarship for exchange programmes financed by the European Union or by the University of Bologna, for the same period;
* according to the criteria established by the call for applications:
	+ my average mark is \_\_\_\_\_\_/30
	+ I have completed n. \_\_\_\_\_ECTS credits
	+ the average mark of the exams in the sectors SECS-P/09 (corporate finance) and SECS-P/11 (Financial Institutions Management) taken in the bachelor’s and master’s degree programmes is: \_\_\_\_\_\_\_

Please note:

* only the exams registered by **February 28th 2023** shall be taken into consideration;
* the single disciplines of integrated courses can be taken into consideration only in case one of the two disciplines takes place in the second semester of the a.y. 2022/23 (therefore no exam took place by February 28th 2023).

Please specify if you passed any single discipline of integrated courses (in case the second discipline takes place in the second semester of the a.y. 2022/23):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.............................................. ……………..…………………….…………… (date) (Signature)I agree to the processing of my personal data in accordance to the Legislative Decree 196/2003