

## SCUOLA DI MEDICINA E CHIRURGIA

## **APPLICATION FORM** CALL FOR N. 4 PRIZES FOR INTERNATIONAL SUMMER SCHOOLS ABROAD FOR STUDENTS OF THE SCHOOL OF MEDICINE – YEAR 2018 Rep. n. 25/2018 – Prot. n. 281 del 16/04/2018 – III/12.1

To the Dean of	the
School of Medic	ine

		To the Dean of the School of Medicine
I, the undersigned		
LAST NAME(S)		
FIRST NAME(S)		
ITALIAN TAX ID		
BORN IN		PROVINCE/STATE
ON	SEX	CITIZENSHIP
	APPLY for the p	present call for applications.
of the legal pen		and 47 of Italian D.P.R. n. 445/2000 and fully aware art. n. 76 of Italian D.P.R. 445/2000 and other rations,
	]	DECLARE:
• that I am cu	rrently enrolled on year	of the Degree Programme in
<ul> <li>that all correspond to the following actions are selected as a selected a</li></ul>	•	s call for applications must be addressed to the
CITY		PROVINCE/STATE
ADDRESS		POSTCODE
PHONE:		FAX:
EMAIL:		

EMAIL: medicina.affarigenerali@unibo.it



## SCUOLA DI MEDICINA E CHIRURGIA

that I apply under the following condition (select only one):    (art. 2, letter a) of the Call) I am already enrolled on the summer school:		
organised by from	to .	
(art. 2, letter b) of the Call) that I	am not yet enrolled on the summer school:	
organised by from	to .	

I enclose the following documents to this application form:

- Signed self-certification stating the list of learning activities passed and recorded as part of the current degree programme, and the corresponding amount of credits (students may use the "Certificates and Self-Certifications" link provided on Studenti Online).
- Detailed programme of the summer school in which they wish to participate, the name of the host University organising the event, and the planned duration of the mobility period abroad.
- Cover letter stating the student's motivations to apply, duly signed and stamped by a Professor of the Degree Programme on which the applicant is currently enrolled. On the cover letter, students must specify on which disciplinary areas they wish to focus by participating in the summer school, and how this experience matches the learning outcomes of their Degree Programme (see cover letter form attached to the call for applications on the website of the School of Medicine).
- Written acceptance/enrolment confirmation issued by the host University organising the summer school, only for students applying under the condition outlined in art. 2 letter a) of this call for applications;
- Self-declarations about tax and social security conditions of the applicant, and about methods of payment (see candidate personal and fiscal conditions form attached to the call for applications on the website of the School of Medicine).

•	Copy	of a	valı	d.	ID.
---	------	------	------	----	-----

Date	Signature
------	-----------