

ATTACHMENT For EU candidates resident abroad ONLY

**SINGLE CYCLE DEGREE COURSE IN MEDICINE AND SURGERY IN ENGLISH
ENROLMENT FORM FOR THE ADMISSION TEST**

TO THE RECTOR
OF THE UNIVERSITY OF MILAN

The undersigned asks to be enrolled in the **SINGLE CYCLE DEGREE COURSE IN MEDICINE AND SURGERY IN ENGLISH**

PERSONAL DATA

NAME

SURNAME

DATE OF BIRTH (day/month/year)

PLACE OF BIRTH Town

Country

RESIDENCE

Address

Postcode

Town

Country

Telephone

Email

NATIONALITY

HIGH SCHOOL LEAVING CERTIFICATE(S)

Examining body

Year exams taken

Name of school

Country

Exams with grades

CHOSEN VENUE FOR THE ADMISSION TEST (check the appropriate answer):

University of Milan :

UK (the venue will be communicated on August 22nd) :

DOCUMENTS TO ENCLOSE

1. Receipt for payment of the admission contribution of € 50.00 to be made by bank credit transfer to current account No. 463971, Banca Intesa Sanpaolo, Italian Banking Association code 03069, Bank Routing (CAB) code 09400, CIN G, IBAN IT97G030 6909 4000 0000 0463 971 (SWIFT code BCITIT33100), in the name of Università degli Studi di Milano (reason for payment: admission to degree course Medicine in English);
2. High School leaving certificate, translated into Italian, legalised by the authorities of the country issuing the certificate and accompanied by the Certificate of Equivalence of Qualification;
3. certificate of enrolment in the university with the list of the exams taken or Higher Education certificate taken in a non-university higher education institute if the local system involves less than 12 years of schooling;
4. certificate of academic eligibility if available in the country of origin;
5. photocopy of the passport.

Date (day/month/year)

SIGNATURE

The signature is obligatory otherwise the registration model will be annulled

Delivery of the registration form

The duly completed registration form and all the documents attached must be sent to the Università degli Studi di Milano by **29 August 2011** in one of the following ways:

- by post to the following address: Università degli Studi di Milano (Segreterie Studenti, Ufficio studenti internazionali) Via Festa del Perdono 7, 20122 Milan, Italy;
- by certified e-mail to unimi.mi.info@pa.postacertificata.gov.it
- by fax to +39 02 50313729
- by e-mail to the following address: mastersdegree.admission@unimi.it