

## ADMISSION APPLICATION AS AUDITOR TO A SPECIALIST MASTER PROGRAMME

TO THE DEAN OF THE UNIVERSITY OF PIEMONTE ORIENTALE "AMEDEO AVOGADRO"

I the undersigned (complete name) \_\_\_\_\_

(complete last name) \_\_\_\_\_ M  F

Born on the \_\_\_\_\_ in \_\_\_\_\_

Province/Nation of birth \_\_\_\_\_

Nationality \_\_\_\_\_

### RESIDENCE

(complete address) \_\_\_\_\_

Town \_\_\_\_\_

Province/Nation \_\_\_\_\_

Mobile phone (specify if the number is Italian or foreign) \_\_\_\_\_

### DOMICILE

(Please fill only if different from your permanent/ residence address or if you already have an actual address in Italy)

(complete address) \_\_\_\_\_

Town \_\_\_\_\_

postal code (if in Italy) \_\_\_\_\_ Province/Nation. \_\_\_\_\_

### MY ACADEMIC QUALIFICATIONS

A. Degree course \_\_\_\_\_

University \_\_\_\_\_

Academic year \_\_\_\_\_ / \_\_\_\_\_ date \_\_\_\_\_ final grade \_\_\_\_\_

B. Master's degree course \_\_\_\_\_

University \_\_\_\_\_



Academic year \_\_\_\_\_ / \_\_\_\_\_ date \_\_\_\_\_ final grade  
\_\_\_\_\_

### REQUEST

to be admitted as **auditor** to the Specialist Master's programme in  
\_\_\_\_\_  
\_\_\_\_\_

Offered by the department DISUM for the academic year \_\_\_\_\_ / \_\_\_\_\_

I declare to be aware that in case of admission to the aforementioned Specialist Master and I will, under penalty of forfeiture, complete the registration by the delivery of the necessary documentation prescribed in the notice no later than the deadline set by the regulation of the course of study.

The documentation required in the notice is in attachment.

In the matter of protection of confidentiality I am aware that the personal data contained in this application and the others eventually acquired by this University in the course of the Specialist Master Programme in \_\_\_\_\_  
\_\_\_\_\_

will be treated in accordance with D.Lgs. 30 June 2003, n. 196.

Place and date \_\_\_\_\_

Signature \_\_\_\_\_