



TRANSFER APPLICATION

To the Headmaster of the Advanced School for Linguistic Mediators
Via P. Vena, 66/C – 75100 - Matera

Student Code: _____

Student number: _____

The undersigned _____
born in _____ on _____
and resident in _____ address _____
phone number _____ cell number _____
e-mail _____ nationality _____
Tax Code _____
enrolled to the Course _____
of the Department _____
at the University _____

ASKS

to transfer himself/ pass to the Linguistic Mediation Course of the Nelson Mandela Advanced School for Linguistic Mediators in the _____ course year, in the Academic Year _____ / _____

For this reason, he/she is attaching the following documents to this application:

- **Certificate of the exams passed in the source Academic Course, indicating the scientific-subject area and the number of accrued credits.**

If the undersigned is coming from an Academic Course which is different from the L-12 class, he undertakes to show **the passed exams teaching plans for their evaluation and a possible acknowledgement of accrued credits.**

Finally, he asks the School to deliver every communication to:

Address _____
City _____ Phone number _____
Cell number _____ e-mail _____

AND HE DECLARES to know the Nelson Mandela Advanced School for Linguistic Mediators acceptance conditions of transfer acts. Therefore, he takes on his own responsibilities in case of non-acceptance of his transfer act, even if he respected the School deadlines for the documents delivery.

Matera, (date) _____

SIGNATURE _____