SCUOLA SUPERIORE PER MEDIATORI LINGUISTICI
"NELSON MANDELA" MATERA

"S.S.M.L. Nelson Mandela"
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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_____