



APPLICATION FOR REGISTRATION TO SINGLE COURSES FORM

To the kind attention of the Director of the Scuola Superiore per Mediatori Linguistici
"Nelson Mandela" - Matera

Student Code: _____

Student number: _____

The undersigned _____
born in _____ (prov. _____) on _____
and resident in _____ (prov. _____) address _____
Post Code _____ Phone n. _____ Mobile n. _____
e-mail _____ nationality _____
Tax Code _____
possessing the following qualification _____

ASKS

to attend the following single courses:

- 1) _____;
- 2) _____;
- 3) _____;
- 4) _____.

For this reason, he declares to possess:

- High School Diploma
- Bachelor's Degree
- Master's Degree

in _____
awarded at (Institute) _____.

The undersigned is attaching the following documents to this application:

- Tax stamp correctly applied on the form;
- Self-certification of birth, residence and family status;
- Copy of the ID card;
- Copy of the passport and the current residence permit (for foreign students);
- Degree Certificate with exams (for students graduated in Italy or abroad);
- The payment receipt of the single course/courses price.

Matera, date _____

SIGNATURE _____

I authorise the Nelson Mandela Advanced School for Linguistic Mediators to process my personal data, to use my picture/photo ID and to diffuse my e-mail address in accordance with Privacy laws. I also forbid their use in contexts damaging my personal dignity and honour. _____