



ADMISSION TEST APPLICATION FORM

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

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 _____
earned in the School Year _____/_____ with the mark of _____

ASKS

to be eligible to take the Admission Test of the 1st year of the Linguistic Mediation Course of the SSML
Nelson Mandela School A.Y. _____/_____ for the English language which is taking place
on _____/_____/_____.

Matera, date _____

SIGNATURE _____