



ENROLLMENT OUTSIDE PRESCRIBED TIME FORM

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

Student number: _____

Student code: _____

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 _____
_____ enrolled in the A. Y. ____ / ____ at the Scuola Superiore per Mediatori
Linguistici "Nelson Mandela"

ASKS

to be enrolled in the 1st 2nd Year outside prescribed time of the Study Course
in Linguistic Mediation for the A. Y. ____ / ____.

and he also **DECLARES** to be aware that the annual Tuition fee amount for students outside
prescribed time is € 4.000,00:

- first instalment of € 2.000,00 to be paid within 30th April;
- second instalment of € 1.000,00 to be paid within 30th May;
- third instalment of € 1.000,00 to be paid within 30th June;

He also declares to be attaching the following documents:

- **Copy of the 1st^a Tuition Fee instalment payment receipt**

Matera, (date) _____

SIGNATURE _____

I authorise the Scuola Superiore per Mediatori Linguistici Nelson Mandela 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. The pose and use of pictures are completely
free. _____