

PRE-ENROLLMENT 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	(prov) on) address
Post CodePhone n	Mobile n
	<u></u>
Tax Code	
□ attending the Institute	
□ possessing the following qualification	
AS HAVING PASSED THE ADMISSION TEST	
ASKS	
to be pre-enrolled in the Academic Year/ at the Study Course in Linguistic Mediation of the Scuola Superiore per Mediatori Linguistici "Nelson Mandela". Preference about the languages (please, fill the boxes according to your order of preference):	
☐ FRENCH ☐ GERMAN ☐ SPANISH (please number the boxes from 1 to 3)	
□ CHINESE □ RUSSIA (please number	N
Information under art. 13 of Regulation (EU) 2016/679	
The abovementioned data are no longer needed for the process requiring them. They will be used by the Data Controller i.e. SSML – Scuola Superiore per Mediatori Linguistici "Nelson Mandela" located in Matera, via Pasquale Vena 66/C, for the sole purposes related to enrollment, registration to the admission test and, in any case, only in institutional activities of the SSML, referred to in the attached information. The involved person may exercise the rights under articles. 16, 17, 18, 19, and 21 of the Regulation (EU) 2016/679, by addressing the Data Controller, i.e. the Legal Representative of the SSML, at the Scuola Superiore per Mediatori Linguistici "Nelson Mandela", via Pasquale Vena 66/C - Matera. Consent of the individual concerned Having read the above information, I consent to the processing of data. □ I don't consent	
Read, confirmed and signed	
Matera, date	SIGNATURE

N.B.: The present application does not imply any obligation of enrollment.