**Advanced International Qualification University Course**
**"APPLICATION OF LASERS AND NEW TECHNOLOGIES FOR THE ORAL AND PERIORAL REGION "**
**APPLICATION**

**To the Rector**
of the University of Camerino
Piazza Cavour n.19/F
62032 CAMERINO (MC)

Surname _____, Name _____

Born on (date) _____

in City_____ Region _____

Country _____

Citizenship _____

Street address _____

City_____ Region _____ zip code _____

Country_____

Tel._____ Mobile _____

e-mail _____ Tax number _____

**REQUEST**

admission to the Advanced International Qualification University Course "Application of lasers and new technologies for the oral and perioral region ".

According to article 46 of the D.P.R. of December 28, 2000, n. 455, and aware that those who make false declarations will lose the benefits obtained and are liable to the penal sanctions for false declarations indicated in articles 75 and 76 of the above-cited D.P.R.

**DECLARES ON HER OR HIS OWN RESPONSIBILITY THAT SHE OR HE IS**

- aware of the regulations, deadlines, and calendar detailed in the selection document and accepts all the conditions without reserve.
- aware that discovery of false declaration will entail automatic exclusion from the course, and subject her or him to penal liabilities in the case of false declaration.

- in possession of the following degree/-titles:

1. in _____, completed on (date) _____, with a final score of _____ University of _____,(Country) _____
2. a license to practice, and a membership in the Register of Physicians/Dentists of _____

**The following documents are attached to this request (according to the instructions in the selection documents for the Course)**

1. Payment transfers made from abroad must indicate the reason, the name of the student, and the title of the Course (Advanced International Qualification University Course "APPLICATION OF LASERS AND NEW TECHNOLOGIES FOR THE ORAL AND PERIORAL REGION " and must be made to the following account**: IBAN IT47A0306969088100000300018 BIC BCITITMM, BANCA INTESA SANPAOLO SPA.**
2. curriculum vitae in European format;
3. copy of a valid identification document;
4. original degree certificate translated and legalized;
5. degree certificate with exams taken, translated, and legalized;
6. proof of registration to the register of medical or dentist practitioners.

**SHE OR HE**

accepts all the obligations detailed in the selection document, releases the University of Camerino from any liability arising from possible damages caused to persons or public or private goods, and holds the University of Camerino harmless for any action or harassment.

**USE OF A PERSONAL DATA, ACCORDING TO LEGISLATIVE DECREE 30/06/2003 No. 196 AND OF GENERAL DATA PROTECTION REGULATION (GDPR) 27/04/2016 No. 679.** Personal data will be collected and used in full respect of the law for purposes pertaining to the execution of institutional activities, and for the full discharge of activities regarding the academic and administrative relationship with the University.

SIGNATURE _____

DATE _____

This form, filled in and with the required documents attached should be e-mailed to the Secretariat of the Master at the following address: medicina.estetica@unicam.it

**For assistance with the application process, please contact via e-mail: medicina.estetica@unicam.it**