UniSR
Università Vita-Salute San Raffaele

ENROLMENT FORM

To the Chancellor of
Università Vita-Salute San Raffaele, Milan

I, the undersigned_____ country and city of birth_____

date of birth___/___/_____ citizenship _____ permanent address _____

city_____ country_____zip code_____

telephone number_____ E-mail _____

Having been awarded the following secondary school qualification (ex. IB Diploma, GCE A-Levels etc…)

_____

at (name of the school, address, city, country) _____

_____

on (date) ____/____/_____with the following final grade_____

REQUEST

to enroll in the first year of the Master's Degree in ***Biotechnology for Innovative Therapeutics*** for the academic year 2026/2027

as (please flag only one of the four options):

☐ Standard Student (first enrollment at an Italian university)

☐ Transfer or withdrawing Student (please fill in the dedicated box in the last page of this form)

☐ Graduate Student (please fill in the dedicated box in the last page of this form)

☐ Student simultaneously enrolled in two Degree courses in compliance with Italian Law n. 33 of April 12, 2022

and to be allowed to register for the exams of the Course, under condition of regular payment of the University tuition fees.

UniSR
Università Vita-Salute
San Raffaele

I, the undersigned _____

DECLARE

1. To have submitted all documents requested for enrolment together with the payment receipt of the first instalment of the University tuition fees.
2. To have read and accepted the costs and conditions of the course published on the University's website.
3. To be informed of the possibility of withdrawing from the course with written communication through the online procedure and of what withdrawing involves:

- **withdrawing before November 30 of the current year involves a partial refund as indicated on the University's website;**
- **withdrawing from the course after November 30 of the current year involves payment of the whole amount of tuition fees that will not be reimbursed.**

AND DECLARE

☐ To accept that the University informs my parents/guardian on my academic career upon request.
☐ To refuse that the University informs my parents/guardian on my academic career upon request.

Date __/__/_____ Student's signature_____

Università Vita-Salute San Raffaele
Via Olgettina 58 – 20132 Milano
Tel. +39 02 91751 500
P. IVA 13420850151 – Cod. Fisc. 97187560152 – N° REA MI-1511742
www.unisr.it

UniSR
Università Vita-Salute
San Raffaele

TO BE FILLED IN BY STUDENTS WHO HAVE ALREADY BEEN AWARDED A UNIVERSITY DEGREE/DIPLOMA

Graduated at (name of the University) _____
Country_____ Title awarded (ex. BSc, BA…)_____
Faculty/Department of_____Degree/Diploma in_____
Date of 1st enrolment ___/____/_____ Degree/Diploma final grade_____
Date of Degree/Diploma____/____/_____

TO BE FILLED IN ONLY IF TRANSFERRING OR WITHDRAWING FROM OTHER <u>ITALIAN</u> UNIVERSITIES

Name of the University you are transferring/withdrawing from:_____
Faculty/Department of _____ name of the course_____
Date of 1st enrolment ___/___/_____

I Attach to this form:

- Copy/receipt of the transfer/withdrawal request from the leaving University.

COMPULSORY
ADDRESS FOR RECEIVING WRITTEN COMMUNICATIONS

Address_____ City_____ County_____
State_____ Zip code_____ Phone___/_____ Mobile
Phone___/_____ E-mail_____

The above in compliance with the Italian Legislative Decree 30 June 2003, n. 196 with regard to the processing of personal data.

Date_____ Student ’s signature_____

Università Vita-Salute San Raffaele
Via Olgettina 58 – 20132 Milano
Tel. +39 02 91751 500
P. IVA 13420850151 – Cod. Fisc. 97187560152 – N° REA MI-1511742
www.unisr.it