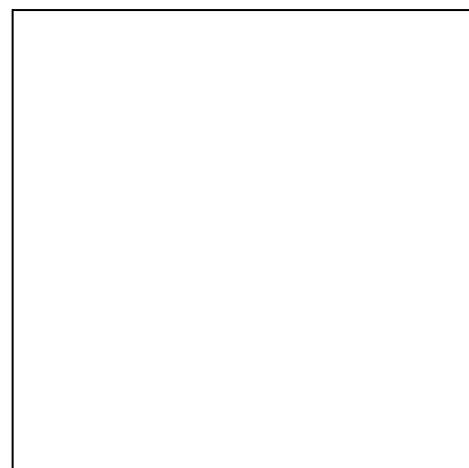




UNIVERSITÀ
DEGLI STUDI
DELLA REPUBBLICA
DI SAN MARINO

STUDENT APPLICATION FORM

Academic year [.....]



Please attach a recent passport-size photograph

FIRST NAME			
Birth Date	dd	mm	yyyy
Gender (M/F)			
Address			
Country			
Email			

LAST NAME			
Place of Birth			
Nationality			
City			
Zip Code			
Phone			

HOME UNIVERSITY

CITY & COUNTRY

Current level of studies **Bachelor**
(Undergraduate)

Master
(Graduate)

Period of stay at UNIRSM **First Semester**
(Oct. - Feb.)

Second Semester
(Feb-Jun)

Duration of your stay
(number of months)

Year of high school graduation

Native Language

Main language used at Home University

Other Languages **Language**

Level

Language

Level

Language

Level

Do you want to be put in touch with a UNIRSM student as your "buddy"
(a student from UNIRSM helping you integrate in your new experience at UNIRSM)

Yes

No

STUDY PLAN PROPOSAL

Courses scheduled in the home University		Courses choosed at Unirsm	
Course Name	Ects - Credits	Course Name	Ects - Credits

SUPERVISING PROFESSOR OF THE HOME UNIVERSITY

NAME	SURNAME
EMAIL	PHONE

DATE:/...../.....

STAMP AND PROFESSOR'S SIGNATURE:

.....

You will also need to send by email the following required documents PDF FORMAT ONLY	European students	Extra European students
	> Italian/English Language proficiency certificate > Transcript of records (Univ. Career) > Copy of a valid identity document (Passport, ID Card) > Portfolio	> Italian/English Language proficiency certificate > Transcript of records (Univ. Career) > Copy of the Passport > Portfolio

I certify that all information in my application (including all supporting documents) is complete, accurate, and my own work. I understand that providing false or misleading information or failing to provide current and complete information can result in a withdrawal of an offer of admission, dismissal, or other disciplinary sanctions. I further understand that neither originals nor photocopies of this application, supporting documents, and other materials received by the Admission Office will be returned to the applicant.

STUDENT'S SIGNATURE:.....

DATE:/...../.....

Complete and send this application form and all required documents listed above (pdf format only) by email to:

international@unirsm.sm
cc to: m.brignoni@unirsm.sm