



## 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 \_\_\_\_\_

## REQUESTS

admission to the International Two-year University Level 2 Master in Aesthetic (Cosmetic) Medicine and Therapeutics for academic years 2018/2020, Rome class.

To this end, 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., she or he

### **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 the penal liabilities in the case of false declaration;
- in possession of the following degree:

in Medicine and Surgery, completed in academic year \_\_\_\_\_, with a final score of \_\_\_\_\_ at the following university \_\_\_\_\_, a license to practice Medicine and Surgery, and membership in the Register of Physicians of \_\_\_\_\_

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

- a copy of the payment document for the first installment of fees for the first year, for € 1,800.00 (eighteen hundred/00), to the bank account, IBAN IT06C0311168830000000008308 BIC BLOPIT22, in the name of the Università degli Studi di Camerino, Camerino, Italy. **In the description of the payment, the title of the " Master in Aesthetic (Cosmetic) Medicine and Therapeutics" must be indicated;**
- curriculum vitae in European format ;
- university degree certificate with the score of the final exam. The original certificate may be replaced by a declaration by the applicant certifies under its legal responsibility the accuracy of the information. The University reserves the right to verify the statements;
- copy of a valid identification document.

**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 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 execution of institutional activities, in particular for the full discharge of activities regarding the academic and administrative relationship with the University.

Date\_\_\_\_\_

Signature\_\_\_\_\_

This declaration must be e-mailed to the Secretariat of the Master at the following address: [medicina.estetica@unicam.it](mailto:medicina.estetica@unicam.it)

**Assistance with the application process by e-mail to [medicina.estetica@unicam.it](mailto:medicina.estetica@unicam.it).**

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