



Application form

**The Rector
Humanitas University**

I, the undersigned _____

born on (date) _____ in _____ Nationality:

Italian tax code (if applicable) _____

resident in _____ address _____

n° _____ Post code _____ tel/mobile: _____

e-mail: _____

submit an application to be admitted for selection for Humanitas University **II level professional Masters in Endoscopic Ultrasound - EUS, academic year 2019/2020**;

declare that I am aware of the criminal liability I may incur in the event of the presentation of false statements, and of the forfeiture of entitlement to any benefits gained from provisions issued as a result of false statements, pursuant to articles 75 and 76 of Presidential Decree 28 December 445/2000;

declare I have read the call for applications and accept all the conditions set forth therein, and declare that I am in possession of the following qualifications:

Degree in _____ or equivalent

qualification obtained in (year) _____ with final mark of _____ out of a maximum mark of _____

from _____ (university)



Specialty school training in _____
obtained in (year) _____ with final mark of _____
_____ out of a maximum score of _____
from (university) _____

PhD in _____
obtained in (year) _____ with (mark) _____
from (university) _____

Other qualifications (experience in Bowel Ultrasound included)

I declare that:

I am a registered with (professional association) _____
_____ in (state/province/country) _____

I also declare (specify any other requirements required in the call for applications):

DATE _____

SIGNED
