***To the Rector,***

***of the University of Trieste***

I, the undersigned

born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_\_\_\_ ) on

residing in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mobile phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email

**NB: the e-mail address must be specified clearly, since the Administration Office will use it in order to send personal communications (notification) with an official validity.**

**REQUEST TO BE ADMITTED TO**

**(check one box)**

 **I LEVEL MASTERS:**

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|   | **PALLIATIVE CARE AND PAIN** |

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|   | **EMPLOYMENT LAW AND SOCIAL SECURITY** |

|  |  |
| --- | --- |
|   | **NURSING OF SEVERELY INJURED PATIENTS** |

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|   | **PEDIATRIC NURSING** |

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|   | **CLINICAL ENGINEERING (MIC - MCE)** |

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|   | **STOMAL THERAPY AND INCONTINENCE MANAGEMENT** |

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|   | **PET THERAPY: EXPERT IN ASSISTED INTEVENTION WITH ANIMALS- AIA** |

**II LEVEL MASTERS:**

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|  | **ADVANCED SKILLS IN SAFETY, ENVIRONMENT AND SECURITY AT SEA** |

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|   | **ANDROLOGICAL SURGERY AND GENDER IDENTITY DISORDERS** |

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|   | **HYSTEREOSCOPIC SURGERY** |

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|   | **UROLOGIC ANDROLOGIC AND NEPHROLOGIC ECOGRAPHY** |

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|   | **INTERPRETING MUSIC: FOUNDATION AND PRACTICE** |

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|   | **MEDICAL PHYSICS**  |

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|   | **CLINICAL NUTRITION, DIABETES, AND METABOLISM: PHYSIOLOGICAL PATHOLOGY AND MULTIDISCIPLINARY MANAGEMENT** |

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|   | **TRANSLATIONAL RESEARCH IN HREUMATOLOGY** |

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|   | **SPECIALIST MASTER OF “MANAGEMENT IN CLINICAL ENGINEERING” (SMMCE)** |

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|   | **SUSTAINABLE BLUE GROWTH** |

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|   | **TOWN CENTRE MANAGEMENT** |

I, the undersigned, declare:

* to be aware of all articles included in the Didactic Regulation of the Master Programme and in the Information Sheet, in particular the article 3 “Students who have not yet graduated: how to apply”;
* to be aware that, in case of obtainment of the right to matriculate, the undersigned is not relieved from the formalization of the matriculation application within the prescribed deadlines even if he/she has already submitted this application form.

**I, the undersigned, declare** to be a **graduand student** and to attain the following degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the date must be within and not later than the starting date of the didactic activities of the Masters programme).

**In today’s date of submission of this application, I, the undersigned, declare to be ONLY in lack of the final examination.**

**Finally, I declare to be aware that, if eligible and if the Board of the Master Programme will allow this, I will be included in the *separate ranking list* mentioned at the article 3 of the Information Sheet of the Masters programmes for the academic year 2017/2018.**

Pursuant to and in accordance to the art. 13 of D.Lgs. 30/06/2003, n. 196, I declare to be informed that any personal data collected, even by electronic means, will be exclusively processed, within the procedure this declaration is made for. Moreover, data collected, could be used by the Ministry of Education, University and Research and by the University of Trieste as aggregate or for statistical purpose. The provision of data is mandatory and necessary for the awarding of the score and the placement in the ranking list. Failure in data acquisition entails exclusion from the ranking list. Students can exercise their right of access to provided data as pursuant by the article 7 of D.Lgs. 196/2003.

Responsibility for the treatment of the data is the University of Trieste – piazzale Europa 1, 34127 Trieste.

|  |  |
| --- | --- |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\* This declaration must be signed at the presence of the university employee, upon the display of an appropriate Identity Document. In case of submission via mail or third-party, the candidate **a copy (both side) of the Identity Document** must be attached to the DULY FILLED application form.

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| **WARNING**The candidates not yet graduatedmust send this application form and the **Identity Document, within the peremptory deadline for the admission,** directly to the University via mail at the following address: **UNIVERSITÀ DEGLI STUDI DI TRIESTE****Settore Servizi agli Studenti e alla Didattica****Ufficio Post Lauream****P.le Europa, 1 - 34127 TRIESTE*****Or*****- directly delivered at the office desk, during the office hours;** **Graduand candidates will be admitted with reservation and they could pursue with the matriculation procedure, only if winner graduated candidates (with a degree attained within the terms of the Information Sheet) will not be excluded.** |