

INCOMING EXCHANGE STUDENT APPLICATION

(Attach your CV, transcript of records, and a detailed motivation letter)

Please, answer each question clearly and completely, in capital letters, and send it back to this office **by fax (+39-06-4991 0089)** or **by e-mail (graziella.gaglione@uniroma1.it)**. Applications filled in wrongly or without signature or without the requested attachments will not be handled. If you need more space, attach additional pages. Be sure to sign and date the form.

Family Name	
Given Name	
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
Students Mobility Programme	Bilateral Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No
Period of stay in Rome	From To
University and faculty of origin <i>(please, add copy of already taken exams)</i>	
Citizenship/Nationality	
Place and date of birth	
Passport number <i>(please, add copy of Your passport)</i>	
Correspondence address <i>(if different from home address)</i>	
E-mail address	
Italian Embassy/Consulate you refer to in your country <i>(if not EU citizen)</i>	
Italian language knowledge <i>(if yes, state your level or attach copy of certificate/s)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need any accommodation <i>(if so, our Welcome Office will contact you)</i>	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent

Please, state any disability that might limit your stay in our university.

Date, _____

Signature, _____

