



SCUOLA SUPERIORE MEDIATORI LINGUISTICI

I.U.M. ACADEMY SCHOOL

DECRETO M.I.U.R. 21/01/2009

“FREEMOVER” PROGRAM

Application Form

To be filled in and sent to:

ssml@iumna.it

Personal Details

NAME			
SURNAME			
PLACE AND DATE OF BIRTH			
NATIONALITY			
GENDER	M <input type="radio"/>	F <input type="radio"/>	
ADDRESS			
COUNTRY OF ORIGIN			
E-MAIL			
PHONE-MOBILE NUMBER			

Academic Information

TITLE OF STUDY			
HOME UNIVERSITY (for undergraduate and post graduate students)			
ITALIAN LANGUAGE LEVEL	A1 – A2	B1 – B2	C1 – C2

Application for Academic Year 20...../20.....

- 1° SEMESTRE
- 2° SEMESTRE
- 1 ANNO ACCADEMICO

TO ATTEND THE FOLLOWING COURSES

COURSE TITLE	CATEGORY	CREDITS - CFM - ECTS



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**in the event of a full course, this application will be sent to the President of the course who will decide if the application is accepted or not.*

***CFMcredits are equivalent to ECTS*

I declare that I am in possession of the following:

photocopy of passport or identity card;

- residence permit (only for non-EU citizens);

- receipt of payment of the university fee of € 500.00 for one semester enrolment or € 1000.00 for entire academic year enrolment;

- one of the following documents (in Italian or English depending on the type of document):

for high school graduates: diploma certificate issued on headed paper and translated into English or Italian;

for university students: certificate of enrolment at a foreign university, issued on headed paper;

for graduates: degree certificate issued on headed paper and translated into English or Italian.

Data, _____

Student signature _____