



SPECIALIZING MASTER APPLICATION FORM

The undersigned: Surname:.....Name:.....
bornin..... (Country)
country.....nationality.....
resident in ZIP code (County).....
address phone.....mobile.....
e-mail.....

APPLIES FOR:

Level of the masters: I LEVEL ☐ II LEVEL ☐

IN:	total	1 st installment	2 nd installment
☐ ON SITE + INTERNSHIP found by the Master School	€ 5.500,00	€ 3.500,00	€ 1.900,00
☐ ONLINE + INTERNSHIP found by the Master School	€ 5.500,00	€ 3.500,00	€ 1.900,00
☐ ONLINE for masters without internship	€ 3.000,00	€ 2.000,00	€ 900,00
☐ ONLINE + working hours converted into internship hours	€ 3.000,00	€ 2.000,00	€ 900,00
☐ ONLINE + INTERNSHIP found by yourself (*)	€ 3.000,00	€ 2.000,00	€ 900,00

(*) Those students who are going to find an internship by themselves won't be allowed to start it in a company which already is a partner of the master school. Those companies are listed at the following link: <https://www.masterpesenti.polimi.it/partners.php>

☐ Hereby, I consent the Master School to forward my personal data on this applications form to all companies, which are partners of the Master School, and are listed on the link above, only for future job opportunities.

Title of the master:

for the accademic year 20...../20.....

Declares under own responsibility:

-to be in possession of the following accademic qualification:

☐ First cycle degree ☐ Previous Regulations Degree ☐ Degree Certificate in

..... on date

with final mark obtained at the University of.....

The following documents are attached:

- self-certification of sustained exams including their grades
- Curriculum Vitae
- Copy of identity card and fiscal code

HOW DID YOU HEAR ABOUT THE MASTERS?1/2



- Copy of receipt of € 100 as administrative fees, to be transferred to Consorzio CISE:

IBAN: IT89N0306909498100000001001 - SWIFT CODE (BIC): BCITITMM

In case of successful enrollment to the Masters, such contribution will be deducted from the total cost of registration; in case of renunciation of the master, this contribution will not be refunded. Billing Information:

Name:.....

Address:.....city.....ZIP code.....

Fiscal Code and/or VAT number:.....

Pec e-mail:

Billing code:.....

He/She authorizes the use of data for statistical purposes, in case of successful enrolment, in compliance with procedures and authorizations provided by art. 8 of the university masters legislation (bando). Otherwise they will not be used nor saved.

Provide prompt notification of any changes in this information to the secretariat

Date,

Signature