

## UNIVERSITÀ DEGLI STUDI DI BERGAMO

DEPARTMENT OF FOREIGN LANGUAGES, LITERATURES AND CULTURES

## Workshop application form - Academic Year 2018-2019

1. Personal Data	
I, the undersigned	
Surname	First Name:
Cell phone Number	Email
2. Enrolled in the study course (indicate as appropriate)	
Other (Please specify: for example qualified enrollment in the	he MA course of)
Student number (Matriculation Number)	
<b>3. Declaration of necessary requirements</b> (Incomplete applications will be considered null and void. Ti	ck as appropriate.
☐ I hereby attest that I have read the information webpage - I meet the specific requirements, if any, for access to - I am aware that false statements will lead to the auprocedure.	•
4. Participation in the workshop	
I hereby declare that I intend to participate in the workshop	with the purpose of acquiring (Select at least one option):
O CFU necessary for the accomplishment of the MA course	e in which I am enrolled at Bergamo University;
O CFU, as an Erasmus student	
O CFU earned only (or also) as additional requirements;	
O (Only or also) certificate of attendance, as an auditor	r (also for Erasmus), without interest in CFU eligibility
Requested Registration For the academic year 2018-2019, I request to attend the f	following workshop:

I, the undersigned consent to the processing of personal data in accordance with D.lgs 196/2003, for all matters related to this procedure.