

**APPLICATION FOR ADMISSION TO THE
 MASTER OF ADVANCED STUDIES IN INDUSTRIAL ENGINEERING AND OPERATIONS a.a. 2014/15**

PERSONAL DATA

Family name and First Name _____ Gender M F

Nationality Italian EU Citizen(*) _____ No EU Citizen (*) _____

Tax identification number | |_|_| |_|_| |_|_| |_|_| |_|_| |_|_| |_|_| |_|_| |_|_| |_|_| |_|_| | VAT number _____

Place of birth _____ Province _____ Date of birth _____

Country of birth _____

(*) please specify

ADDRESS OF RESIDENCE

Town _____ Province _____

PostCode _____ Country _____ Address _____

Phone _____ Mobile phone _____

E-mail _____

ADDRESS (if different from the place of residence)

Town _____ Province _____

PostCode _____ Country _____ Address _____

Phone _____

E-mail _____

EDUCATIONAL QUALIFICATIONS

SECONDARY SCHOOL/HIGH SCHOOL

Please specify the type of school (for ex. humanities, sciences, art , technical, commercial, vocational, etc.)

_____ Institution _____

Mark _____ Year of graduation _____

Address of the institution Town _____ Province _____ Country _____

Address of the candidate during the school Town _____ Province _____ Country _____

UNIVERSITY

Institution _____ Faculty _____

- | | | | |
|-----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Graduating students (final year) | <input type="checkbox"/> The specialist degree | <input type="checkbox"/> The old system university degree | <input type="checkbox"/> Other |
| <input type="checkbox"/> The degree | <input type="checkbox"/> Para-university degree | <input type="checkbox"/> Degrees or equivalent according to "Declaration of Bologna" | _____ |

Course/Orientation _____

Mark/Average marks (**) _____ Date of graduation _____ Degree issued by the Country _____

Address of the institution Town _____ Province _____ Country _____

Address of the candidate during the school Town _____ Province _____ Country _____

MASTER COURSE

 Master

 University Master

 I level Master

 II level Master

Title _____

University / Organisation Body _____

Date of graduation _____

OTHER COURSES

 Have you attended vocational training course, recently YES NO

If yes, please mention the last course attended Title _____

Organisation _____ Year of attendance _____

 Course with fee cost free

Final certificate issued

 Professional qualification Job licence Specialization Attendance Qualification

(*) Specify nationality

(**) Expected marks for graduands

PROFESSIONAL CONDITION

(Write the same professional status indicated in the "present prevalent professional condition" - see page n. 4)

- I am looking for a first job (never worked, I am not a student enrolled to a regular school/university studies and I look for a job)
- I have a job (included professional, free lance, part time, seasonal employment, Wage Supplementation Fund)

I work at (name of the company) _____ (***)

since _____ Function _____

Company data:

Tax identification number /Enterprise VAT number _____

Town _____ Province _____

Address _____

Phone _____ Fax _____ E-mail _____

Mission _____ Number of employees _____

(***) Mention here if you are a professional

- Unemployed (work lost, or women wishing to come back to work)
- Enrolled in a mobility list
- Student (attending a regular school/university course studies, for ex. a graduand)
- Inactive (he /she has no job and does not look for it)
- Housewife
- Apprentice

OTHER INFORMATION

How do you know about the course

- Poster
- Picture post card
- Leaflet
- COREP information desk
- University offices
- Newsletter ((specify which one))

- Newspaper (specify which one)
- Printed or electronic training courses catalogues (specify which one)
- Information offices for students (specify which one and in which town)
- Employment agency
- Radio/television advertising
- Alma laurea communication
- Public offices (region or province)
- Internet (specify which site or search site)
- Corep web site
- Conferences and Workshop (specify which one)
- Letter
- Lecturers
- Friends, relatives
- Other (specify)

At the present I live with

- | | | | |
|----------------------------------------------------|-----------------------------------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> My parents | <input type="checkbox"/> Husband/Wife – cohabitant | <input type="checkbox"/> Friends | <input type="checkbox"/> Other |
| <input type="checkbox"/> Only with a single parent | <input type="checkbox"/> Husband/Wife – cohabitant and children | <input type="checkbox"/> Alone | _____ |

I am registered in unemployed lists : (please specify year and month of registration _____)

- | | | |
|--------------------------------------------|----------------------------------------|--------------------------------------|
| <input type="checkbox"/> No list | <input type="checkbox"/> Seamen | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Employment agency | <input type="checkbox"/> Show business | |




I ask to be admitted to Post-Graduated Master Course selection

MASTER OF ADVANCED STUDIES IN INDUSTRIAL ENGINEERING AND OPERATIONS Academic year 2014-15

I enclose the following documents (for any specifications please refer to the instructions for enrolment available on the web site or on the Master/Course Guide)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Degree certificate with marks of the exams (when existing), for final-year students certificate of passed exams with marks (****). For students with foreign study qualification: original copy of your degree and certified translation of all the passed exams | <input type="checkbox"/> Copy of a passport or identity card valid |
| <input type="checkbox"/> Curriculum vitae in a European format | <input type="checkbox"/> Copy of tax code |
| <input type="checkbox"/> Title of the thesis and one page abstract | <input type="checkbox"/> 1 photo (identity card format) |
| | <input type="checkbox"/> Module "Present Prevalent Professional Condition" ** |
| | <input type="checkbox"/> Substitutive declaration of certification Form ** |

Moreover for the health area master it is necessary to enclose :

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|  Copy of your high school diploma (five years /four years with one year integration) |  Copy of your qualifying title |
|  Work record issued by the employer | |

In order to regularize the application form, the foreign students, coming from countries indicated in the Visa System and the Entry of Aliens into Italy and the Schengen Area (http://www.esteri.it/doc/5_32_183b.pdf), must deliver to the secretary's office the study visa for multiple entrance (type D) and the residence permit.

(**) It is necessary to fill in this form only if required by instructions for enrolment available on the web site or on the Master/Course Guide.

(****) Self-certification is allowed according to DPR 445/2000 artt. 46-47 (only for students with Italian study qualification).

I declare I have taken note of all the conditions of selection, participation and attendance mentioned in the Training Guide and on COREP web site. In the event of successful selection, I am not bound to confirm my enrolment to the Master/Course. In the event of unsuccessful selection, COREP is not bound to admit me to the Master/Course. Furthermore COREP reserves the right to cancel the Master/Course failing the minimum conditions required.

INFORMATION AND CONSENT

COREP:

Pursuant to the legislative decree no. 196/2003 Data Protection Code, COREP declares that the data processing is necessary for the purposes of this application form and for purposes connected with the performance of the COREP institutional activities.

With this signature I permit the use of my personal data for the purposes related to this application form and in compliance with the above mentioned legal regulations.

Date..... Signature.....

SUPSI:

Your data will be processed according to the Swiss legislation (Federal Act on Data Protection "FADP" and the relative Act of Disposal).

I authorize the use of my data by SUPSI:

Date..... Signature.....