MOD. IS_05

UNIVERSITÀ DEGLI STUDI FIRENZE

HR EXCELLENCE IN RESEARCH

TO THE RECTOR
of the University of Florence

Student Administration Office

STUDENT NUMBER

APPLICATION FOR ENROLMENT IN THE FULL COURSE (A.Y. 20../20..)

THE UNDERSIGNED

surname and name _____ born on _____ in

_____ (__) country _____ Institutional e-mail address _____

resident at street/square _____ n. ____ district/locality _____

municipality _____ (__) postcode _____ mobile _____

domicile (indicate only if different from residence) at _____ street/square _____ n. _____

municipality _____ (__) C.A.P. _____

REQUESTS

Enrolment in the Professional Development/Upgrade Course ***(full course)***

In my role as ***(select only one of the categories specified in the founding decree)*****:**

- ☐ ordinary candidate
- ☐ student enrolled in degree/master's degree courses at the University of Florence who holds the required qualification
- ☐ enrolled in the University's PhD programmes and meeting the admission requirements for enrolment in the programme (attach authorisation from the PhD Programme Committee)
- ☐ auditor registered with the Albo _____ (attach current registration with the Albo) not in possession of a degree
- ☐ technical-administrative employee of the University subject to positive evaluation pursuant to D.D.G. 31 Dec. 2015 no. 2289, ref. no. 178709 integrated by note from the Dirigente della Formazione 3 Jul. 2009, ref. no. 120692 (attach positive evaluation)
- ☐ employee of the Careggi University Hospital (attach authorisation from the hospital)
- ☐ employee of the Meyer University Hospital (attach authorisation from the hospital)
- ☐ employee of the USL Toscana Centro (attach authorisation from the authority)
- ☐ research fellow/researcher and lecturer belonging to the departments that have approved the course
- ☐ other

availing himself/herself of the terms of Articles 46 and 47 of D.P.R. 445/2000 and aware that anyone who makes a false declaration will lose the benefits obtained and will be subject to the criminal penalties provided for false declarations by Articles 75 and 76 of the above-mentioned D.P.R.

DECLARES UNDER HIS/HER OWN RESPONSIBILITY

- to be currently enrolled in the following professional register: ……

PLEASE NOTE: we remind you that the exemption applies only to the registration fee; all course participants must pay the stamp duty of €16,00.

Attachments:

- other _____

_____ _____

(date) *(signature)*

POLICY ON THE PROCESSING OF PERSONAL DATA

Data will be processed in accordance with EU Regulation 2016/679 concerning the protection of individuals with regard to the processing of personal data, and D. Leg. 196/2003 and ss.mm.ii. All information regarding the processing carried out and the exercise of the rights of data subjects on the protection of personal data can be found on the University https://www.unifi.it/sites/default/files/2025-10/informativa_studenti_ott_2025.pdf .

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(signature for acknowledgment)