



UNIVERSITY ID NR. <i>(Field reserved to Secretarial Office)</i>	REQUEST OF		Photo
	REGISTRATION		
<i>(Mark the proper field upside)</i>			

(Before fill in this module read the guidelines at the end)

To The RECTOR of University of Campania Luigi Vanvitelli

The undersigned _____ asks to be registered at the first year of the course for the Degree in Medicine and Surgery at the Faculty of Medicine and Surgery, for the academic year 2023/2024.

To this end, in accordance with Articles. 46 and 47 of Presidential Decree 445/2000, aware of the responsibility which may be encountered in the event of false declaration or act of showing of false or contains data no longer corresponds to the truth and the clauses of the Penal Code and special laws, referred to in art. 76 of Presidential Decree 445/2000 for the case of false documents and false statements, DECLARE the following in the forms from A to F:

FORM A1: DATA

Surname: _____
Name: _____
Date of Birth: _____
City _____, Country _____
Nationality: _____
Gender (M/F) _____ Tax code(codice fiscale) _____

FORM A2: RESIDENCY

Address: _____, n. _____
City _____
Zip code _____, Main Province _____,
Country _____
Phone: _____ Cell. _____ E MAIL _____

FORM A3: ADDRESS FOR ANY COMMUNICATIONS (Only if different from FORM A2 otherwise leave blank)

Address: _____, n. _____
City _____
Zip code _____, Main Province _____, Country _____

FORM B1: Qualification Possessed higher average school

High School qualification : _____ school year of achievement: _____/_____
Score: _____ / _____ Istitution: _____
City: _____ (Main province _____) Zip code _____
Address _____, n. _____

QUADRO B3: UNIVERSITY DEGREE IN POSSESS

(ONLY FOR GRADUATES IN OTHER DISCIPLINES)

(Mark the proper box)

Italian "diploma
universitario"

Italian "laurea vecchio
ordinamento"

Degree

Italian " laurea
magistrale/specialistica "

Discipline: _____ Course code (for Italian Degrees ex DM 509/99e 270/2004) _____

Achieved in A. A. _____ / _____ date: _____ / _____ / _____ Score _____ / _____ Serial Nr.: _____

At the Univeristy _____

City _____ (Main Prov.. _____) Address _____ Country _____

FORM B5 EXEMPTION OF EXAMS DUE THE POSSESS OF A UNIVERSITY DEGREE

Asks EXEMPTION of exams already incurred reported in the attached certification / self-certification Yes No

FORM C: Self-declaration in substitution of attested affidavit.

The undersigned, for the purposes of Art. 18 of the University Academic Regulations issued with the Rector Decree n. 3676 of 13.09.2001, pursuant to art. 47 of Presidential Decree 445/2000, aware of the responsibility which may be encountered in case of false declarations and the clauses of the Penal Code, special laws on the matter and referred to in art. 76 of Presidential Decree 445/2000 for the alleged falsification of documents and false declarations,

I REPRESENT THAT I AM NOT REGISTERED TO ANOTHER COURSE THAT INVOLVES THE ACHIEVEMENT OF AN UNIVERSITY TITLE.

FORM D: SELF-DECLARATION IN SUBSTITUTION OF ATTESTED AFFIDAVIT – HANDICAP (Only for student bearer of Handicap)

The undersigned, pursuant to art. 47 of Presidential Decree 445/2000, aware of the responsibility which may be encountered in case of false declarations and the clauses of the Penal Code and special laws and referred to in art. 76 of Presidential Decree 445/2000 for the case of false documents and false statements, DECLARE,

to be a student bearer of Handicap of theType (Mark the proper field below):

M Motory **A** Auditive **V** Visual **D** Other diseases (specify)

Percentage of disability %

Determined by the following authorities _____

FORM E: PREVIOUS ENROLLMENTS IN OTHER UNIVERSITIES(IF EXIST)

(Mark the proper box below)

The undersigned, pursuant to art. 47 of Presidential Decree 445/2000, aware of the responsibility which may be encountered in case of false declarations and the clauses of the Penal Code and special laws and referred to in art. 76 of Presidential Decree 445/2000 for the case of false documents and false statements, HEREBY RULES:

- **FIRST TIME TO APPLY IN THE UNIVERSITY SYSTEM**

In the case of previous inclusions make the following statement:

- **THAT I HAVE REGISTERED FOR THE FIRST TIME IN THE UNIVERSITY SYSTEM IN THE ACADEMIC YEAR _____/_____/_____/_____/_____/_____ IN DATA C/O UNIVERSITY OF _____**

- **I HAVE CONCLUDED / SUSPENDED MY UNIVERSITY CAREER ON FIRST REGISTRATION WITHIN THE UNIVERSITY SYSTEM**

DEGREE DATE _____

QUIT | | DECADENCE | | SUSPENSION DATE _____

TRANSFER | | CHANGE OF COURSE DATE _____

- **I HAVE CONCLUDED / SUSPENDED AT UNIVERSITY _____ THE LAST UNIVERSITY CAREER PRIOR TO THIS REQUEST OF REGISTRATION**

DEGREE DATE _____

WAIVER | | DECADENCE | | SUSPENSION DATE _____

TRANSFER | | CHANGE OF COURSE DATE _____

FORM F: ANNEXES

- Receipt of payment of taxes of university enrollment and the regional tax;
- ONE passport-size photo;
- Photocopy (not certified) of a valid identity document (ID card, driving license, passport, etc.);
- Photocopy (not certified) of High School Diploma or (in the case of registration of a Degree Course) of the Degree or the replacement certificate;
- (Only for students with disabilities) Photocopy (unauthenticated) of the certificate of the competent Structure of the National Health Service Stating the type of disability and the percentage of disability.
- (Only for students with disabilities, with a percentage of disability equal to or greater than 66%) Model ES (for total exemption from taxes and fees);

PRIVACY DISCLOSURE PURSUANT TO ART. 13 DLGS 196/2003 According to D. Decree no. 196/2003 on the protection of persons and other subjects regarding the processing of personal data, the processing of information relating to them, will be based on principles of correctness, lawfulness and transparency, protecting your privacy and your rights.

- Under article 13 of that decree, we provide the following information:
- The information you provide will be processed by the Second University of Naples for the performance of official duties, as well as for the fulfillment of the obligations for regular updating of the Registry National Students (Ansu);
 - The treatment will be carried out by manual and computerized;
 - Candidates are required to provide the data required for the proper discharge of institutional and administrative activities;
 - The controller is the Chancellor of the SUIN;
 - At any time you can exercise your rights towards the data controller, in accordance with art. 7 of Legislative Decree no. N. 196/2003, which, here, is reproduced in full.
- Article 7. Right of access to personal data and other rights (Legislative Decree no. N. 196/2003)
- You have the right to obtain confirmation of the existence or not of personal data concerning him, even if not yet recorded, and their communication in intelligible form.
 - You have the right to obtain the indication:
 - the origin of personal data;
 - the purposes and methods of treatment;
 - the logic applied in case of treatment with electronic instruments;
 - the identity of the owner, manager and the representative appointed under article 5, paragraph 2;
 - the subjects or categories of subjects to whom the personal data may be communicated or who can learn about them as appointed representative in the State, managers or agents.
 - You have the right to obtain:
 - updating, rectification or, when interested, integration of data;
 - the cancellation, transformation into anonymous form or blocking of data processed unlawfully, including data whose retention is unnecessary for the purposes for which the data were collected or subsequently processed;
 - certification that the operations in letters a) and b) have been notified, as also related to their contents, to those to whom the data were communicated or disseminated, unless this requirement proves impossible or involves a manifestly disproportionate to the protected right.
 - You have the right to object, in whole or in part:
 - for legitimate reasons to the processing of personal data, even if pertinent to the purpose of collection;
 - the processing of personal data for the purpose of sending advertising materials or direct selling or for carrying out market research or commercial communication.

(Place and date)

(Signature)



Università
degli Studi
della Campania
Luigi Vanvitelli

This is to certify that the student _____, has today presented a formal request for enrollment in the Course of degree in Medicine and Surgery at the Faculty of Medicine and Surgery of the University of Campania Luigi Vanvitelli (a.y. 2023/24).

(DATE) _____

For the Student Office of the Faculty of Medicine and Surgery