**R U F A**

**Rome**
University
of Fine Arts

**Erasmus+**

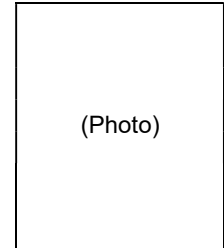**ERASMUS + PROGRAMME
STUDENT MOBILITY**

Academic Year 2021/2022

Incoming Student's Application Form

Surname _____

Name _____

Sending Institution Erasmus+ code_____

Degree Program in _____

Year of study _____Under- / Post-graduate_____

(Photo)

Contact person in your home institution: _____

Ph. _____ email_____

Student's email _____

Student's Date of birth _____ Place of Birth _____ Country _____

Student's Home address _____ City _____

Postcode _____ Country _____ Nationality _____

Family contact person _____

Degree of kinship _____ Ph. _____

Postal Address_____ Country_____ Postcode_____

Period of staying: from _____ to _____

Degree Program in _____

List of subjects to be attended at R.U.F.A. (reported on student's learning agreement)

_____

_____

Date _____Applicant's signature _____

*Please pay attention when drafting the document. Incomplete and / or incorrect applications may be refused.*

The personal data acquired are processed by the Company, the data controller, to enable the proper performance of the activities related to the established relationship. Further specific purposes shall be pursued only if authorised. All information regarding data processing is included in the privacy policy attached to this form. The undersigned declares to have read the policy and undertakes to submit this document to the persons to whom the data reported by the same in the application refer., so that said persons can be adequately informed

Read, approved and signed in Rome, on _____

Clear and legible signature

_____

To be completed only in the case of the student's disability or inability

Given that the Company processes certain data relating to the student's health status for educational purposes, also associated with the logistics organisation, the explicit consent of the data subject to said processing is required

The                                                                                                                    undersigned
_____, having received
the privacy policy (attached), consent to the processing of specific data (relating to his/her health status) for the purposes specified in the privacy policy.

Read, approved and signed in Rome, on _____

Clear and legible signature

_____

Consent for marketing purposes

If you wish to receive promotional communications and updates on the Company's initiatives and activities, you must authorise the processing of your data for said purposes. If you do not give your consent, this will not affect the relationship. Please find the specifications regarding processing in the privacy policy attached.

The undersigned, having received the privacy policy (attached), as regards the processing of data for marketing purposes, as specified in the policy,

O consents to processing
O does not consent to processing

Read, approved and signed in Rome, on _____

Clear and legible signature

_____