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## **Rome** University of Fine Arts

ERASMUS OFFICE erasmus@unirufa.it

ERASMUS + PROGRAMME STUDENT MOBILITY				
Academic Year 2024/2025				
Incoming Student's Application Form				
Surname				
Name Sending Institution Erasmus+ code Degree Program in Year of studyUnder- / P			(Photo)	
Contact person in your home institution Ph				
Student's email				
	Place of Birth	Cοι	Country	
Student's Date of birth		City	City	
Student's Home address		Nationality		
Student's Home address Postcode Country Family contact person				
Student's Home address Postcode Country Family contact person Degree of kinship	Ph			
Student's Home address Postcode Country Family contact person Degree of kinship Postal Address	Ph Country	Pos	tcode	
	Ph Country to	Pos	tcode	

Date \_\_\_\_\_\_Applicant's signature \_\_\_\_\_

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

RUFA • Rome University of Fine Arts 00199 Rome, Italy • Via Benaco, 2 T +39 06 85.86.59.17 rufa@unirufa.it • unirufa.it Mod. 05-08-FA Rev. 3 del 3/4/2024

Accademia di Belle Arti legalmente riconosciuta dal Ministero dell'Istruzione, dell'Università e della Ricerca. Certified UNI EN ISO 9001:2015 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