ANNEX B

The undersigned …..... born in …… on

……../……/…… resident in ……,

address …… Matricola n. …….

Tel. ……..……..……..……..

E-mail .....

Declares:

- to accept the above-mentioned scholarship;
- to have read and understood the retention requirements for the course years following the first one;
- to authorize the Campus Bio-Medico University of Rome to transmit their personal and contact data, included in this form, to the Biomedical University Foundation.

Date

_____

Student's signature

_____

N.B. Please send this form, completed and signed, to segreteriastudenti@unicampus.it together with a front and back copy of a valid identification document.