

Application form

Fill out the form and send your application package by email to: marialuisa.genova@unibo.it

First name			
Last name			
Email address			
Phone +39			
Nationality and Date of birth			
Residential address (City, province, street name, postal code)			
Passport number	Issued by		
	Expiration date		
UNIBO registration number (ID, matricola)			
Degree Course enrollment	(EN) 9210-Medicine and Surgery, Bologna		
	(IT) 5709-Medicina e Chirurgia, Forlì		
	(IT) 5905-Medicina e Chirurgia, Forlì		
Student position (A.Y. 2023-2024)	Sophomore (Year 2) Junior (Year 3)		
	Senior (Year 4) Super Senior (Year 5+)		
Accommodation choice criteria	1 st choice 2 nd choice NO		
Homestay			
Hotel (with surcharge)			
Notes, if any			

Motivation

your strengths and weaknesses	erson you are, and how y s, aims, goals, values, and traditional written essay (you see yourself. Let us learn about more. Tup to 500 words in the box below) or	
submit a video essay or intogra	pnics of your choice as a	separate file/snareable link.	
I hereby guarantee the finance	ial availability and firm will to pa	y the cost of my travel package at the time of	
		ding to the terms indicated by the Organizers.	
INFORMATION ON DATA PROTECTION - The processed to the extent strictly necessary and for the registration and conduct of the Biomedical Conferer provided will be processed for the verification of e required for the participation in the selection proceed guarantee its security and protect the confidentiality of refusal to provide personal data implies the impossit of proceeding with the registration of the candidate in	ne purposes related to the size. In particular, the data existence of the requisites dure, in such a way as to of the interested party. Any bility for the Data Manager	Date and legible signature of the candidate	
DM: Maria Luisa Genova	•	Date and legible signature of the candidate	