



ADMISSION TEST APPLICATION

To the Headmaster of the Advanced School for Linguistic Mediators
Via P. Vena, 66/C – 75100 - Matera

The undersigned _____
born in _____ on _____
and resident in _____ address _____
phone number _____ cell number _____
e-mail _____ nationality _____
Tax Code _____
possessing the following qualification _____

ASKS

to be eligible to take the 1st year Admission Test of the Nelson Mandela School Linguistic Mediation
Advanced Course, A.Y. _____/_____ for the English language, which is taking place
on ____/____/____.

The undersigned is attaching the receipt of the 100,00 € payment made to the Banca Carime s.p.a.
Matera – Agenzia Generale **IBAN code: IT83I031111610000000010983** for the Nelson Mandela
Advanced School for Linguistic Mediators as an Exam Fee

Matera, (date) _____

SIGNATURE _____