



"S.S.M.L. Nelson Mandela" gestito da IFOR Sas Via Pasquale Vena, 66/C • 75100 • Matera P. Iva 00583040779 - Tel. 0835 334809 www.ssmlnelsonmandela.it info@ssmlnelsonmandela.it Riconosciuto con D.M. 07.08.2015

APPLICATION FOR ENROLLMENT

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

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

AS HAVING PASSED THE ADMISSION TEST ASKS

to be enrolled in the 1st year of the Nelson Mandela School Linguistic Mediation Course in the A.Y. (Academic Year)_____and to attend the following language courses:

□ ENGLISH □ FRENCH □ GERMAN □ SPANISH

Also, he declares to be attaching the following documents:

- Secondary School Diploma original Certificate or equivalent qualification;
- Self-certification of birth, residence and family status;
- 2 photo IDs;
- Copy of the ID card;
- Copy of the passport and the current residence permit (for foreign students);
- Bachelor's Degree Certificate with exams (for students graduated in Italy or abroad);
- Copy of the 1st Tuition Fee instalment payment receipt
- Copy of the regional A.R.D.S.U. Fee payment receipt.

Matera, (date)_____

SIGNATURE _____

□ I authorise the Nelson Mandela Advanced School for Linguistic Mediators to process my personal data, to use my picture/photo ID and to diffuse my e-mail address in accordance with Privacy laws. I also forbid their use in contexts damaging my personal dignity and honour. The pose and use of pictures are completely free______