

"S.S.M.L. Nelson Mandela"
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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	
•	on
and resident in	address
phone number	cell number
e-mail	nationality
Tax Code	
AS HAV	VING PASSED THE ADMISSION TEST ASKS
•	the Nelson Mandela School Linguistic Mediation Course in the /and to attend the following language courses:
□ ENGLIS	H □ FRENCH □ GERMAN □ SPANISH
Also, he declares to be attachin	g the following documents:
Self-certification of birth2 photo IDs;	ma original Certificate or equivalent qualification; n, residence and family status;
Bachelor's Degree Certif	d the current residence permit (for foreign students); ficate with exams (for students graduated in Italy or abroad);
	Fee instalment payment receipt R.D.S.U. Fee payment receipt.
Matera, (date)	SIGNATURE
□ I authorise the Nelson Mandela Ad	Vanced School for Linguistic Mediators to process my personal data, to ul address in accordance with Privacy laws. I also forbid their use in contexts dar