

Foundation Course registration form

Please send the form to the following e-mail address:
international.students@uniroma2.it

PERSONAL DATA

Name: _____

Surname: _____

Place / date of birth: _____

Gender: _____

Residence (address): _____

Nationality: _____

Passport: _____

E-mail: _____

Telephone and/ or cell phone: _____

INFORMATIONS

Diploma: _____

Attended school: _____

final score: _____

Total years of schooling (elementary, middle and high-school):

Italian language knowledge: _____

English language knowledge: _____

Spanish language knowledge: _____

Motives

Why are you interested in participating in this Foundation Course at the University of Rome Tor Vergata? Explain your reasons and main results expected.

Please upload the following certifications together with this form:

- Copy of your passport or ID
- Copy of your high-school diploma
- Copy of your language certificates

Date _____

SIGNATURE
