

**European Master in Translational Cosmetic and Dermatological Sciences  
(EMOTION)**

**Declaration Form**

To the Rector Prof. Gian Carlo Avanzi  
Rettorato, via Duomo, 6 - 13100 Vercelli  
Università del Piemonte Orientale

Surname (Family name):

First name(s) (Given name(s)):

Date of birth (day-month-year):

Nationality:

Residence:

Degree(s):

Mark of the degree (s):

Top mark that your degree would allow:

I hereby ask to be admitted to the EMOTION Master programme as a self-funded student.

I declare that I am a European resident that does not require a visa to study in Italy.

Signature and date:

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