

# 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):

I hereby ask to be admitted to the EMOTION EMJMD programme and I apply as an EMJMD scholarship student. As an EMJMD scholarship student, I hereby confirm that I have not benefitted from EMJMD scholarship or Erasmus Mundus Master Course/Joint Doctorate scholarship in any previous education and that I have not applied for more than three different EMJMD programmes.

I apply:

- As an EMJMD scholarship Programme country\* student.
- As an EMJMD scholarship Partner country\*\* student.
- As an EMJMD scholarship Programme country\* student, as I hereby confirm that I am a citizen of Partner country, but I have lived and/or carried out main activities (studies, work etc.) for more than a total of 12 months over the last five years in a Programme country.

\* Programme countries: EU member countries plus former Yugoslav Republic of Macedonia, Iceland, Liechtenstein, Norway and Turkey.

\*\* Partner countries: Other countries which are not considered as Programme countries.

Signature and date:

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