

**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 address and country:

I certify that I have obtained my degree(s) as follows:

Degree(s):

Mark of the degree (s):

Top mark that your degree(s) would allow:

I have not yet obtained a degree but will do so before September:

Degree:

Expected Mark of the degree:

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 will not require a visa to study in Italy

I will require a visa to study in Italy

Signature and date:
