



Università degli Studi di Udine

Enrolment Form

Erasmus Mundus Master of Arts in Euroculture

Academic Years 2015/2017

To the Rector of the University of Udine

I. Personal information

Family name: _____

First name: _____

Date of birth (year, month, day): _____

Gender: _____

Nationality: _____

Resident in (country): _____

Current address

• Street, number: _____

• City: _____

• State: _____

• ZIP: _____

• Tel.: _____

• Fax: _____

• E-mail: _____

Mother tongue: _____

II. Academic Profile

Undergraduate degree gained (please specify): _____

Title: _____

Year: _____

Duration of the programme (number of years): _____



Università degli Studi di Udine

Subject: _____

Received from the University of: _____

If not already gained

University where the student is enrolled: _____

Denomination of the programme: _____

Duration of the programme (numbers of years): _____

The degree will be obtained by (month and year): _____

III. Please enclose:

The receipt of payment of the first instalment of the course fee

Place and date: _____

Signature: _____

This form should be submitted to
Università degli Studi di Udine
Area Servizi per la Didattica
Ufficio Programmazione Didattica
via Petracco 8 - 33100 Udine by 1th October 2015

The postmark date will be considered legally binding.