

DSU CALL PARTICIPATION FORM AY 2025/2026

SECTION I: PERSONAL INFORMATION

THE UNDERSIGNED

SURNAME	
NAME	
CITY OF BIRTH	
COUNTRY OF BIRTH	
DATE OF BIRTH (DD/MM/YYYY)	
SEX	F ☐ M ☐
NATIONALITY (YOU CAN SELECT MORE THAN OPTIONS)	ITA ☐ EU ☐ NON ☐
PASSPORT NO.	
PASSPORT EXPIRY (DD/MM/YYYY)	
TAX ID CODE	
E-MAIL ADDRESS	
MOBILE PHONE	

RESIDENCE ADDRESS

STREET/AVENUE	
HOUSE NUMBER	
INSIDE THE APARTMENT	
CITY/COUNTRY	ITA ☐ EU ☐ NON ☐
ZIP CODE	
MOBILE PHONE (INCLUDE PREFIX)	
EMERGENCY CONTACT (SPECIFY RELATION)	

ADDRESS OF DOMICILE (ONLY IF DIFFERENT FROM RESIDENCE)

STREET/AVENUE	
HOUSE NUMBER	
INSIDE THE APARTMENT	
CITY/COUNTRY	ITA ☐ EU ☐ NON ☐
ZIP CODE	
MOBILE PHONE (INCLUDE PREFIX)	

SECTION II: PARTICIPATION IN THE DSU CALL FOR APPLICATIONS AY
2025/2026

REQUEST FOR ADMISSION TO THE FOLLOWING CALLS

☐ DSU COMPETITION NOTICE 2025/2026
☐ NOTICE OF COMPETITION FOR INTEGRATION INTENDED FOR STUDENTS WITH DISABILITIES DECLARING AT THE SAME TIME AS BEING A PERSON WITH A DISABILITY OF AN EXTENT EQUAL TO OR ABOVE 66%

THE UNDERSIGNED DECLARES THAT

BEING ENROLLED IN THE 1ST LEVEL ACADEMIC DIPLOMA COURSE IN FSD ☐ VSD ☐ PRD ☐
YEAR 1 ☐ 2 ☐ 3 ☐

☐ PART TIME MEMBERS
☐ ENROLLED OUT OF COURSE
☐ OF HAVING RENEWED REGISTRATION AFTER WITHDRAWAL/SUSPENSION OF STUDIES

☐ STUDENT ON SITE
☐ COMMUTER STUDENT
☐ OUT-OF-RESIDENT STUDENT RESIDING IN A PLACE DISTANT FROM THE STUDY COURSE LOCATION
ATTENDING STUDENT

WISHING TO TAKE ADVANTAGE OF THE BONUS (ONLY IN THE CASE THAT THE STUDENT HAS NOT
OBTAINED THE MINIMUM NUMBER OF CFU REQUIRED TO ACCESS THE CALL FOR APPLICATIONS YES ☐
NO ☐

No. CFA OBTAINED AS OF AUGUST 10, 2025 _____

WEIGHTED AVERAGE OF VOTES IN THIRTIES _____

SECTION III: DOCUMENTS TO ATTACH

VALID IDENTITY CARD/PASSPORT

☐ ATTACHED

CERTIFICATION OF THE UNIVERSITY ISEE VALUE

☐ ATTACHED

PAYMENT RECEIPT

☐ ATTACHED

COPY OF THE BANK TRANSFER OF €140.00 (DSU PAYMENT FOR THE YEAR 2025)

☐ ATTACHED

COPY OF THE HIGH SCHOOL DIPLOMA (FOR 1ST YEAR WRITTEN EXAMS)

☐ ATTACHED

COPY OF THE ACADEMIC BOOKLET (FOR THOSE ENROLLED IN YEARS AFTER THE 1ST)

☐ ATTACHED

COPY OF ACADEMIC/UNIVERSITY DIPLOMA (IF A COURSE HAS ALREADY BEEN COMPLETED) (UNIVERSITY) CERTIFICATE OF FIRST ENROLLMENT

☐ ATTACHED

COPY OF DIVORCE/SEPARATION CERTIFICATE IN CASE OF LEGALLY DIVORCED/SEPARATED PARENTS

☐ ATTACHED

COPY OF THE MEDICAL CERTIFICATE PROVING THE % OF DISABILITY

☐ ATTACHED

COPY OF THE RENTAL AGREEMENT (FOR OUT-OF-RESIDENT STUDENTS)

☐ ATTACHED

Milan,

Student Signature

Consent to the Processing of Personal Data

1. The Student expressly declares that he/she has been informed of the circumstance that his/her personal data will be collected and used by Raffles Milano within the scope and for the purposes set out in these General Conditions.
2. The Student gives his express and unconditional consent to the processing of such data, pursuant to Article 13 of Regulation (EU) 2016/679 (GDPR).

I accept and expressly submit to the provisions of the law pursuant to Art. 76 of Presidential Decree No. 445 of December 28, 2000, among other things, the provision of false statements, the use of false documents, including the production of a document containing untrue information, is equivalent to the use of a false document.

Milan,

Student Signature