

APPLICATION FORM

• Student information

FIRST NAME _____ FAMILY NAME _____

GENDER F M

DATE OF BIRTH (DD/MM/YY) _____

NATIONALITY _____ PLACE OF BIRTH _____

ADDRESS (IN ITALY) _____

FISCAL CODE _____

PHONE NUMBER _____ E-MAIL _____

• School information

SCHOOL OF FINE ARTS ADMISSION

BACHELOR PROGRAMME (1st level degree) MASTER PROGRAMME (2nd level degree)

COURSE STUDY _____

Date _____

Signature _____

Please send this **application form** and a **copy of your passport** to the email address italiano@ababo.it, together with the **receipt of the payment of the fees (€ 950,00)**.

Bank transfer details:

BANK: BANCA CARISBO

IBAN: IT67 G063 8502 4521 0000 0002 824

SWIFT/BIC CODE: IBSPIT2B

BENEFICIARY: ITINERA SRL

PAYMENT REASON: CORSO DI ITALIANO ABABO + FIRST NAME + FAMILY NAME