

(PHOTO ID)

**APPLICATION**

**ERASMUS+ KA 107 – ICM (International Credit Mobility)**

**UNIVERSITÀ CATTOLICA DEL SACRO CUORE AND THOMAS JEFFERSON UNIVERSITY**

Family name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Citizenship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ zip code\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail @jefferson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus key \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disabilities and/or socio-economics special needs, if applicable yes  no 

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION NOTICE ON THE PROCESSING OF PERSONAL DATA** 

The personal data hereby submitted will be handled by Università Cattolica del Sacro Cuore, as Controller of the data, in compliance with the standards laid out in EU Regulation 2016/679 (“GDPR). You are advised to consult the full information notice pertaining to the processing of personal data which is available online at <https://www.ucsc.it/privacy-general-information-notice-of-universita-cattolica>

I declare to have read the information notice pertaining to the processing of personal data.

**CONSENT FOR PROCESSING OF PERSONAL DATA**

With reference to my Data being processed for the purposes referred to in point e) of the aforementioned information notice (sending via automated and non-automated means communications and information regarding the following: registration for events organised by University partners and/or third parties, promotional activities, surveys related to research initiatives)

□ I consent □ I do not consent

(Date and location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants are required to send the application form along with the proper documents by email to Vittorio.Maio@jefferson.edu for Precision Medicine or Paul.DiMuzio@jefferson.edu for Vascular Medicine with subject “Erasmus + Project N. 2019-1-IT02-KA107-061604.”