

(To the Registrar's Office),

I, the undersigned _____

born in _____ on ___/___/_____

address : _____ No. _____

City _____ Province _____ Post Code _____

Phone _____ Email _____

Certified Email Address (PEC) _____

being aware of the nature and purposes of Saint Camillus International University of Health Sciences (UniCamillus) and the principles of conduct as outlined in the Statute and the Code of Ethics,

HEREBY REQUEST

for the academic year 2025/2026 to be admitted to attend the following single courses (please check the box next to the single course(s) for which enrolment is requested):

COURSES – 1st Year	SSD	Code	CFU (ECTS)	SEMESTER
<input type="checkbox"/> History of Medicine	MED/02	91279	2	II
<input type="checkbox"/> Applied Economics	SECS-P/06	92122	1	II
<input type="checkbox"/> Moral Philosophy	M-FIL/03	91281	3	II
<input type="checkbox"/> Human Anatomy I	BIO/16	91282	10	II
<input type="checkbox"/> Histology and Embriology	BIO/17	91283	10	II

COURSES – 2nd Year	SSD	Code	CFU (ECTS)	SEMESTER
<input type="checkbox"/> Physiology (I)	BIO/09	91791	9	II
<input type="checkbox"/> Methods and didactic approaches of physical activities (I)	M-EDF/01	91793	1	II
<input type="checkbox"/> Physiology (II)	BIO/09	91792	9	II
<input type="checkbox"/> Methods and didactic approaches of	M-EDF/02	91794	1	II

physical activities (II)				
<input type="checkbox"/> Immunology and immunopathology	MED/04	91795	4	II
<input type="checkbox"/> Laboratory medicine technical sciences	MED/46	91796	2	II
<input type="checkbox"/> General pathology	MED/04	91797	6	II

To this end, I declare pursuant to Presidential Decree No. 445/2000 and subsequent amendments and additions, fully aware of the criminal penalties in the event of false statements, forgery, or use of false documents (in accordance with Article 76 of the aforementioned Presidential Decree, which also provides for the forfeiture of any benefits obtained in such cases), under my own personal responsibility:

- a) that the personal details provided, the documents submitted, and the signature are authentic;
- b) that I undertake to pay the required fees related to the courses for which I have applied for enrolment within the prescribed deadlines;
- c) that I have obtained, at the institution _____, in the school year ____/____, a secondary school diploma (high school diploma).

Attached hereto is a copy of a valid identity document.

Place and Date

Signature
