



Università
Ca'Foscari
Venezia

ANNEX 1

APPLICATION FORM FOR

FEE WAIVERS AND SCHOLARSHIPS OF EUR 5,000.00

2020/2021 ACADEMIC YEAR

GIVEN NAME(S):

FAMILY NAME(S):

DATE OF BIRTH:

PLACE OF BIRTH:

E-MAIL:

APPLICANT CODE*:

I wish to apply for the following opportunity (ies):

- Tuition fee waiver
- Scholarship of EUR 5,000.00

I hereby acknowledge that I have read and understood the terms and conditions as provided in the relevant call/s for applications.

Date

Signature

The present form has to be uploaded on the applicant's personal area on apply.unive.it.

*The applicant code is provided by registering at apply.unive.it.