



Ca' Foscari  
University  
of Venice

**Educational  
Programmes and  
Student Services  
Area**

International Office

Relations Unit

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## FORM 1

### APPLICATION FORM FOR:

**FEE WAIVERS and SCHOLARSHIPS OF € 5,000.00**

**FOR THE 2018/2019 ACADEMIC YEAR**

GIVEN NAME(S): \_\_\_\_\_

FAMILY NAME(S): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

PASSPORT/ID NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

APPLICANT CODE\*: \_\_\_\_\_

I wish to apply for the following:

- Fee Waiver
- Scholarship of € 5,000.00

I hereby acknowledge that I have read and understood the terms and conditions as laid out in the calls for applications for the above incentives which are found at the webpage <http://www.unive.it/pag/19545/>.

Date

Signature

\_\_\_\_\_

\_\_\_\_\_

NB: The present form must be uploaded to the applicant's personal area on [apply.unive.it](http://apply.unive.it) .

\* The applicant code is generated by the university's online application platform [apply.unive.it](http://apply.unive.it) once a student has registered.