



Application for admission to the Licentiate academic year 2022/2023

The undersigned:

NAME _____ SURNAME _____

born on ____/____/____ city _____

resident of _____

CELL PHONE _____

E-MAIL _____

A citizen of _____

PASSPORT no _____

requests

to be admitted to the **SOPHIA UNIVERSITY INSTITUTE** for enrolment in the following programme (tick the box):

- Licentiate in Trinitarian Ontology (L-OT) – 2 years**
 - Specialization in Philosophy
 - Specialization in Theology
- Licentiate in Economics and Management (L-EM) – 2 years**
 - Specialization in Management for a civil and sustainable Economy
- Licentiate in Political Sciences (L-PS) – 2 years**
 - Specialization in International Politics and Law
- Licentiate in Culture of Unity (L-CU) – 2 years**
 - Specialization in Pedagogy of Dialogue
 - Specialization in Communication Peace and Dialogue

(for admission to the specialization in Culture of Unity any type of previous first level studies suffices)
- Personalized study programme**

The undersigned declares to be informed that he/she should possess the following indispensable requirements for admission: **First Level (bachelor's) Degree (corresponding to a minimum of 180 ECTS credits)**.

Language skills:

Mother tongue _____

- | | | | | | |
|---------------------------|--|--------------|---|----------------------|--|
| 1. Italian | <input type="checkbox"/> Yes <input type="checkbox"/> No | Level | <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 | Certification | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. English | <input type="checkbox"/> Yes <input type="checkbox"/> No | Level | <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 | Certification | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Other languages | _____ | | | | |

Istituto Universitario Sophia

Sede legale e amministrativa
Via San Vito, 28 - Loppiano
50064 Figline e Incisa Valdarno (FI) ITALIA

+39 055 9051500
+39 055 9051599
info@sophiauniversity.org

www.sophiauniversity.org



The undersigned likewise declares to be:

_____ not enrolled _____ enrolled

in another University in his/her capacity as ordinary student.

In case of enrolment in another University, specify:

Institute (name and place): _____

Study programme: _____ **Year enrolled:** _____

Legal duration of programme: _____

PRE-UNIVERSITY STUDIES

Diplomas: _____

Institute (name and location): _____

No. of years: _____ **Date of diploma:** _____

UNIVERSITY STUDIES

(first level, if pertinent second level)

First level

Degree: _____

Institute (name and seat): _____

No. of years: _____ **Date of graduation:** _____

Second level

Degree: _____

Institute (name and seat): _____

No. of years: _____ **Date of graduation:** _____

BRIEFLY DESCRIBE how you came to know about the Sophia academic project and the reasons why you wish to participate.

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The undersigned declares furthermore to be informed, that in case of admission to the Licentiate or one-year programme, to formalise his/her enrolment, in addition to paying the enrolment fee (in the first semester **by September 15, 2022**, in the second semester **by January 15, 2023**), the following are to be submitted upon arrival at the Institute:

1. **Original or authenticated copy of first-level university degree** containing the declaration of the academic years attended, and if existing, the credits (or hours of lessons) and the grades/marks achieved by each applicant in the subjects attended; **for the non-Italian Regular Students: said certificate must be authenticated and show the DECLARATION OF VALIDITY issued by the Italian Diplomatic Authority in the country of origin**, and in the case of non-western languages, contain the translation of these documents into Italian;
2. **“Student Visa” issued by the Italian diplomatic or consular Authorities in the country of origin** (please note that this type of visa for students coming from non-EU countries must absolutely be obtained before entry into Italy since there is no possibility to change a tourist visa into a student visa);
3. **Matriculation sheet and Course syllabus** (on the form given by the Academic Secretariat);
4. **Declaration of Acceptance** of the educational project,
5. **Authorisation for enrolment** (to be shown to the Questura offices to process the permit of stay).
6. **Authorisation** to the processing of personal data, possible simultaneous enrolment in other universities;
7. **Copy of passport** (or another valid ID document for students coming from EU countries or countries that have signed the Schengen Treaty);
8. **Original or copy** of the pre-enrolment Certificate with the **original seal** of the diplomatic or consular Authorities in the country of origin;
9. **3 photos** ID format.

The undersigned, upon compiling this sheet, authorises IUS to process his/her personal data pursuant to and for the objectives referred to in L. Decree 30/06/2003 no. 196 (Code on matters of personal data protection).

DATE ____/____/____

SIGNATURE: _____

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