	PERSON MEL MEDICAL COLLEGE	(PHOTO ID)
IM	APPLICATION	
EF	RASMUS+ KA 171 - ICM (International Credit Mobility)	
	TTOLICA DEL SACRO CUORE AND THOMAS JEFFERSON	UNIVERSITY
Family name	Given name	
	Date of birth	
	ip	
	"P	
	zip code	
	E-mail @jefferson	
Campus key		
	ocio-economics special needs, if applicable yes \Box no \Box	
Date:	Signature	
INFORMATION NUTICI	E ON THE PROCESSING OF PERSONAL DATA	
of the data, in compli- to consult the full info at https://www.ucsc.	reby submitted will be handled by Università Cattolica del Sacro C ance with the standards laid out in EU Regulation 2016/679 ("GDPI ormation notice pertaining to the processing of personal data which it/privacy-general-information-notice-of-universita-cattolica the information notice pertaining to the processing of personal da	 You are advised is available online
	CONSENT FOR PROCESSING OF PERSONAL DATA	
information notice (s regarding the followi	Data being processed for the purposes referred to in point e) of the ending via automated and non-automated means communication ng: registration for events organised by University partners and , surveys related to research initiatives)	is and information
	□ I consent □ I do not consent	
(Date and location)	(Signature)	
	ed to send the application form along with the proper docun .edu with subject "Erasmus + 2023-KA171."	nents by email to