

Permit Placeholder

Medicine and Surgery Degree Programme

I, the undersigned _____,

(indicate here your FIRST NAME followed by your LAST NAME)

have been admitted to the **1st Year of the Medicine and Surgery Degree Programme at Università Cattolica del Sacro Cuore.**

As a candidate belonging to the **NON-EU pool of the admission process in question**, I commit to fulfilling all the legal requirements that may be deemed necessary, as well as to applying for all the paperwork needed for my future stay in Italy through the respective governmental authorities.

Student's Signature
