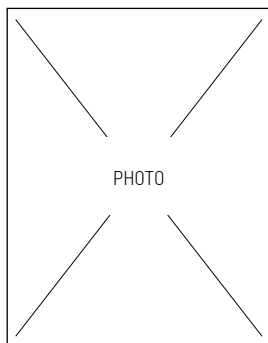


M A — DE Program

Accademia
di Belle Arti
Rosario Gagliardi
Siracusa

APPLICATION FOR ENROLLMENT TO THE FIRST YEAR OF THE THREE-YEAR DEGREE PROGRAM ACADEMIC YEAR 2017/18



The undersigned _____

Born on _____ in _____ province/region _____

Resident in (town/city) _____ province/region _____ Country _____

Street address _____ postal code _____

Telephone _____ Email address: _____

Domicile (if different from residence) _____

HEREBY MAKES APPLICATION FOR ADMISSION TO THE 1ST YEAR OF THE COURSE IN:

- Design MAN MADE
 Visual Arts

of the "Rosario Gagliardi" Academy of Fine Arts for the academic year _____ / _____

For this purpose I declare that I hold a diploma/university degree _____

awarded by (secondary school, university) _____ in (year) _____

All the documents shall be sent to:

info@madeprogram.it
(digital file)

or to:

MADE Program
Accademia di Belle Arti
Legalmente Riconosciuta
"Rosario Gagliardi"

Via Cairolì, 20
96100 Siracusa

ATTACH TO THIS FORM:

- Copy of the diploma/degree
 Birth certificate
 Photocopy identity card or passport
 Regulations of the Academy signed by parents (if minor)
 Receipt of deposit of €15,13 in account c/c250906 held by the Ufficio del Registro Tasse CC.GG. Roma, Tasse Scolastiche Sicilia
 Receipt of payment of registration fee and of 1st installment of € _____ paid to the following account:
UBI Banca, Agenzia di Milano Francesca Romana
Account Number: 000000020137, Account Name: Rosario Gagliardi Srl, IBAN IT 78 J 05048 01613 000000020137, SWIFT/BIC BLOPIT22

Mailing address: (street) _____ (city) _____

(postal code) _____ (country) _____ Telephone _____

Email address: _____

Date _____ Signature _____

MADE Program
Accademia di Belle Arti
Legalmente Riconosciuta "Rosario Gagliardi"
Via Cairolì, 20 - 96100 Siracusa

Contacts
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