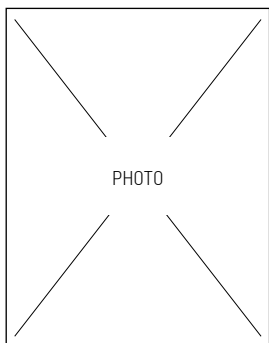


# M A — DE Program

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 1<sup>ST</sup> 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) \_\_\_\_\_

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 1<sup>st</sup> installment of € \_\_\_\_\_ paid to the following account:  
UBI Banca, Agenzia di Milano Francesca Romana  
Account Number: 000000020137, Account Name: Rosario Gagliardi Srl, IBAN IT 11 K 03111 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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Email: info@madeprogram.it