



REGISTRATION FORM

> STUDENT DETAILS

Surname _____ First name _____ M ☐ F ☐
Place of birth _____ Date of birth _____
Italian Tax Code _____ Passport or Identity Card _____
Residential address _____ No. _____ Postcode _____
City _____ Tel. _____ Mobile _____
Email address _____ ,

> PARENT DETAILS

Surname _____ First name _____ M ☐ F ☐
Place of birth _____ Date of birth _____
Italian Tax Code _____ Passport or Identity Card _____
Residential address _____ No. _____ Postcode _____
City _____ Tel. _____ Mobile _____
Email address _____ ,

> COURSE TO ATTEND

TWO-YEAR POSTGRADUATE EUROPEAN MASTER DEGREE



> ANNUAL TUITION FEE PAYMENT OPTIONS (indicate your preference)

I choose to pay according to the following payment method (indicate the selected payment commitment):

- ☐ Registration fee € _____ + Single payment of € _____ (EEA and non-EEA students)
- ☐ Registration fee € _____ + 3 instalments of € _____ each (EEA students only)
- ☐ Registration fee € _____ + 12 instalments of € _____ each (EEA students only)



> ENGLISH LANGUAGE PROFICIENCY

☐ NONE ☐ LOW, A1 ☐ INTERMEDIATE, A2 ☐ GOOD, B1 ☐ VERY GOOD, B2 ☐ EXCELLENT, C1

How did you hear about Accademia Koefia? _____

PRIVACY AND DATA PROCESSING

I authorize Accademia Koefia to use my personal data for the purposes permitted by Italian privacy legislation, solely for communications concerning the courses and school activities for which the data have been provided. My data may not be disclosed to third parties without written authorization.

I have read and accept the Terms and Conditions.

Place and Date _____

Signature _____

Please complete and submit the Form together with the Contract, attaching the bank transfer receipt for the registration fee of € _____ together with an identity document to reclutamento@koefia.com and info@koefia.com. Once downloaded, printed and completed, this form may be submitted by scanning it or simply by photographing it with a smartphone.