

UNISG APPLICATION FORM

To the attention of:
The Dean of the University of Gastronomic Sciences
c/o Registrar Office
Piazza Vittorio Emanuele, 9
12042 Pollenzo - BRA (Cuneo)
Italy

Please complete all sections of this form as failure to do so may delay your application.

I, THE UNDERSIGNED,

Name/s (*as shown in passport*) _____

Surname/s (*as shown in passport*) _____

Sex [F] [M]

Place of Birth (*city, country*) _____

Date of Birth (*dd/mm/yyyy*) _____

Nationality/ies _____

Occupation _____

Permanent Address - Country _____ City _____

Postal code _____ Street _____ Number _____

Current Address (*only if different from above*) - Country _____

City _____ Postal code _____

Street _____ Number _____

Email (*please provide an address that you check regularly*) _____

Telephone _____

Mobile phone _____

REQUEST TO BE ENROLLED

in the Master in Food Culture and Communications

(Note: You may use this application form for more than one program.)

_____, starting on _____

_____, starting on _____

_____, starting on _____

I, the undersigned, am fully aware that making false or misleading statements and/or presenting false documents are punishable according to Art. 76 of Italian Law no. 445 of December 28, 2000,

and that the University of Gastronomic Sciences will execute random checks to verify the accuracy of the information supplied and may request the necessary documentation to demonstrate the completeness and accuracy of the information declared, pursuant to Articles 71, 75, and 76 of the aforementioned Law.

I, THE UNDERSIGNED, DECLARE

(please indicate your response by marking the option you wish to confirm)

SCHOOLING STATUS

1. ☐ **not to be enrolled** in other university or institute of higher education for another Master program,

☐ **to be enrolled** in the following University and Faculty:

_____ and that I will renounce my student status at this university and to deliver the relevant certificates to the UNISG Master registrar before enrolling at the University of Gastronomic Sciences.

2. to have the following secondary/high school qualification _____
_____ awarded on *(dd/mm/yyyy)* _____,
obtained at *(name of school/institution)* _____
_____ *(city/country)* _____

3. to have a University degree in (course subject/major) _____
_____ awarded on *(dd/mm/yyyy)* _____ with the overall grade or GPA of ____/____
(indicate grade obtained out of a maximum possible grade), obtained at *(name of college/university)* _____
_____, *(city/country)* _____

PASSPORT AND RESIDENCE PERMIT REQUIREMENTS

4. to possess a passport issued by (country) _____, issued/renewed on *(dd/mm/yyyy)* _____ expiring on *(dd/mm/yyyy)* _____ with the following number _____

5. to be aware that I have to apply within 8 working days of my arrival in Italy, for a Permit of Stay (*Permesso di soggiorno*) at the *Questura* (police headquarters) of Cuneo/Bra and that I must provide the UNISG Registrar Office with a copy of the application receipt for my Permit of Stay. *(Only required for non-EU students.)*

[Yes]

[No]

6. to be aware that I have to apply within 3 months of my arrival in Italy, for a domicile (*domicilio*) at the Town Hall (*Municipio*) of Bra, and have to provide the UNISG Registrar Office with a copy of my application receipt. *(Only required for EU students.)*

[Yes]

[No]

HEALTH AND MEDICAL STATUS

7. to require support in any of the following areas:

[] Dyslexia

[] Visual impairment

[] Hearing impairment

[] Olfactory or gustatory impairment

[] Mobility difficulties

☐ Other disabilities

A medical certificate or letter from your doctor may be requested.

8. to have a disability equal to or above 66%. *(only for Italian students or those living permanently in Italy)*

[Yes]

[No]

9. to have a disability between 55% and 65%. *(only for Italian students or those living permanently in Italy)*

[Yes]

[No]

10. to be in need of the following assistance and/or additional time to complete assignments, exams, or other university work: _____

11. to be allergic and/or intolerant to the following foods and/or beverages:

Allergies _____

Intolerances

PRIVACY CLAUSE

12. to have read the privacy clause (on pages 6, 7 , 8)

[Yes]

[No]

13. to have authorized the use of my personal data according to the Italian information privacy law in force

[Yes]

[No]

ACCOMMODATION AND LUNCH SERVICE

14. that I am requesting UNISG student accommodation, consisting of a private room and a shared kitchen and bathroom in a furnished apartment, for the entire duration of the academic year

[Yes]

[No]

15. that I agree to live in a shared male/female apartment

[Yes]

[No]

16. that I am aware that student apartments will be available two days before the start of the Master program *(respond only if you marked Yes in point 14)*.

[Yes]

[No]

17. that I have read and accepted the UNISG Student Housing Regulations (*respond only if you marked Yes in point 14*). (http://www.unisg.it/pagine/eng/admissions/master/master_in_food_culture_and_communications.lasso)

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[Yes]

[No]

Please note: A limited number of places in student accommodation are offered per Master program and will be assigned in order of admissions ranking. Housing decisions are binding for the whole year. Lunch service decisions can be confirmed one week after the start of the Master program.

If you want to know more about renting an apartment by yourself, please contact our Registrar Office at master@unisg.it.

MAIL

19. that I request all correspondence relative to this enrollment to be sent to my permanent address noted above, and that I will notify UNISG of any change of address and not hold UNISG responsible for any correspondence that is not received.

[Yes]

[No]

20. **Furthermore, I, the undersigned, wish to declare** (optional):

I found out about UNISG through:

- ☐ Internet
- ☐ Newspaper or magazine (please specify) _____
- ☐ Television/Radio
- ☐ Slow Food
- ☐ Presentations or conferences
- ☐ Friends or family
- ☐ Other (please specify) _____

Date (*dd/mm/yyyy*) _____

Student's signature _____

FOR REGISTRAR OFFICE USE ONLY

Received in Pollenzo on (date) _____

Signature of University employee receiving the documentation _____

PRIVACY CLAUSE

In accordance with Italian law 196/03 pertaining to the treatment of personal data and safety measures, the Associazione Amici dell'Università di Scienze Gastronomiche (Association of Friends of the University of Gastronomic Sciences) and the University of Gastronomic Sciences, with headquarters at 9 Piazza Vittorio Emanuele, Pollenzo (Bra, Cuneo, Italy), responsible for data handling procedures, hereby declare the following:

SOURCE OF PERSONAL DETAILS

Students' and prospective students' personal data acquired by the university, i.e. private or sensitive information concerning their physical condition and personal habits, information about citizenship and country of origin, photographs and filmed documents acquired through the application and enrollment procedures, and/or through any subsequent academic procedures such as results of examinations and tests, paperwork for fee-exemption applications is collected directly from the student or prospective student and is freely provided by him or her.

USE OF DATA

Personal data is handled within the context of regular academic, organizational, administrative, and selection activities of the university, including:

- ☐ uses strictly related to the fulfillment and implementation of academic services and educational aids, and particularly to student-selection procedures for enrollment purposes, formalities pertaining to the academic activities of the university, to enable students to use the services provided by the university, including job-placement and/or post-graduation programs
- ☐ uses strictly related to student-university relations, such as the acquisition of application and pre-application information, implementation of contracts with businesses or organizations providing student services, etc.
- ☐ uses related to law-enforcement activities or for fulfillment of obligations from law-enforcement authorities
- ☐ personal data may be circulated outside UNISG as part of the University's executive activities to other public bodies (e.g. the Italian Ministry for Education, University and Research; the Piedmont Regional Organization and Monitor for the Right to University Study—EDISU and OSSREG—; the Ministry of Finance) that manage the allocation of research grants and/or fee exemptions or support academic research projects or access-to-learning funds
- ☐ UNISG operational activities for which the student's approval is required (e.g. marketing of products and services, customer-satisfaction surveys, etc.)
- ☐ UNISG promotional activities including publication of books, CVs, images, CDs, websites, etc.
- ☐ statistical data processing of aggregate and individual anonymous data

DATA HANDLING METHODS

Data handling includes collecting, recording, organization, filing, processing, updating, cancellation, and destruction, or the combination of two or more of these actions.

Based upon the above-listed actions, and according to the required procedure, handling of personal data will be done manually or using IT tools, always ensuring that safety and privacy are safeguarded. Personal details will be handled in accordance with Art. 11 of Law 196/03, which states that data must be correctly and lawfully handled; must be collected and filed for specific, clear, legal purposes; must be accurate, up to date, thorough, pertinent and not exceeding the purpose of the data handling procedure, in accordance with the basic safety rules stated in Attachment B of law 196/03.

DURATION

Personal data will be filed and handled in such a way that the individual to whom the data pertains is identified for a period of time not exceeding that needed to complete the purpose for which the data were collected or subsequently handled in the first place.

COMPULSORY PROVISION OF DATA AND CONSEQUENCES OF NON-COMPLIANCE

If the person to whom the data pertains does not communicate his or her personal data and does not allow the handling thereof, it will be impossible to complete any university-enrollment procedure. In this event, the candidate's application will be void.

PERSONAL DATA CIRCULATION

Personal data may be circulated to:

- external institutions governing and monitoring university activities
- university staff and consultants working for the person in charge of data handling procedures
- external individuals involved in undergraduate/postgraduate internship projects and other universities in the case of student transfers or enrollment in courses in Italy or abroad
- external individuals, acting on behalf of UNISG, in charge of specific undertakings in the above-mentioned areas. The list of external individuals to whom personal data is transferred is available at the Registrar's Office
- banks in charge of returns and payments
- external individuals authorized by the student to carry out specific purposes
- external or internal individuals in all cases authorized by Italian law

RIGHTS STATED IN ARTICLE 7

As specified in Article 7 of Law 196/03, citizens are granted specific rights. Specifically, an individual is entitled to obtain from the University confirmation of the existence or lack of existence of his or her personal data and to obtain such information in a comprehensible form.

The individual may also request information about the source of his or her data, as well as the objectives of data handling, and require that such data be deleted, handled anonymously, blocked in the case of law infringement, updated, modified, or integrated. The interested party may also disallow data handling procedures in legitimate circumstances.

RESPONSIBILITY FOR DATA HANDLING PROCEDURES

The person responsible for data handling procedures is Mr. Carlo Catani.

AUTHORIZATION FOR THE HANDLING OF DATA

As per the conditions stated above, I hereby authorize the University of Gastronomic Sciences to handle my personal data, including private or sensitive information, to implement data handling procedures, communicate and circulate such data in Italy and abroad, for all purposes stated above and as provided in the Italian law indicated above.

Date: _____ Student's full name: _____ Student's signature: _____

PLEASE SUBMIT YOUR APPLICATION BY EMAIL AND AIRMAIL TO:

**UNISG MASTER REGISTRAR OFFICE
PIAZZA VITTORIO EMANUELE, 9
12042 BRA - POLLENZO
ITALY
TEL: 0039 0172 458518
FAX: 0039 0172 458500
EMAIL: master@unisg.it**

FOR REGISTRAR OFFICE USE ONLY

Received in Pollenzo on (date) _____

Signature of University employee receiving the documentation _____