

DIPARTIMENTO DI MEDICINA
CLINICA E MOLECOLARE



SAPIENZA
UNIVERSITÀ DI ROMA

MASTER IN HEADACHE MEDICINE

DIRECTOR: PROF. PAOLO MARTELLETTI

APPLICATION FORM

First Name Male/Female	Surname/Family Name
Address for correspondence Valid from: until:	Present College or University:
	Date of Birth :
	Citizenship:
	Italian Fiscal Code: To be obtained at the Italian Consulate in your living country
Telephone Number (including area code)	Email Please provide email addresses that you check regularly as these will be used to send important correspondence to you.
Degree:	

Please attach the following items:

- A copy of a valid identity document
- A degree certificate bearing the final mark together with a list of the examinations taken with their final marks

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- Curriculum Vitae et Studiorum containing: title of the degree thesis, post-graduate Specialisations (if any), date of graduation, eventual qualifications and certificates
- Declaration of value (to be released at the local Italian Embassy)

The application form must be accompanied by a registration fee of € 35,00 and a Stamp Duty of € 16,00. Please contact Dr. De Angelis at the email at the bottom of the page for all the information on the online payment.

The deadline for the registration fee payment is 15th January 2019 while the complete Master's fee must be paid within 15th February 2019.

Signature of applicant:.....

Date:.....

Please return this form by mail to:

Master in Headache Medicine Registrar's Office
Faculty of Medicine and Psychology
University of Rome La Sapienza
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E valerio.deangelis@uniroma1.it