



UNIVERSITÀ DI PISA

FULL TIME MRM

Master in Risk Management

Scholarship form

Full Time MRM – Scholarship Application form

Scholarship application form must be sent to:

MRM Admission Team

Dipartimento di Economia e Management

Via Ridolfi, 10 - 56124 Pisa

Tel +39 050 2216222

Fax +39 050 2210603

E-mail: master.rm@unipi.it

1. Personal Information

Surname/Family name: _____

First name: _____

Date of birth (dd/mm/yy): _____ Place of birth: _____

Country: _____ Nationality: _____

Permanent Address

City: _____

Country/State/Province: _____

Postal code: _____ Telephone: _____

Current Address

City: _____

Country/State/Province: _____

Postal code: _____ Telephone: _____

Fax: _____ Mobile: _____

E-mail: _____

MALE

FEMALE

MARRIED

SINGLE

Number of children: _____

2 Financial Support

How do you plan to fund the programme?

Please give full details of any financial support you already receive (if you are receiving no support, then please specify NONE):

- Family
- Sponsorship from employer
- From other sources (specify)_____¹

3 Declaration

I confirm that the above details are correct to the best of my knowledge and belief. I acknowledge that if I am discovered to have made an untruthful statement then the University may withdraw any scholarship awarded and may also take other disciplinary action it seems appropriate. I consent for my form and associated documents to be sent to those organizations funding scholarships.

DATE_____

SIGNATURE_____

¹ Financial supports cannot be accumulated with other scholarships or funding.