

ACCESS APPLICATION FORM TO OFFICIAL MASTER STUDIES

ACADEMIC YEAR 2010-2011

1 PERSONAL DETAILS											
SURNAMES: NAME:											
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2 WHICH MASTER DO YOU WISH TO APPLY FOR?											
PRIORITY	CODE	NAME COL	JRSE			Ратн	WAY				
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SECOND											
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3 ACADEMIC DETAILS											
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4 APPLICATION											
CONSIDER MY ADMISION FOR THE INDICATED MASTER											
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APPLICANT'S SIGNATURE											
Warning: I confirm that the information provided in this application is true, accurate and complete.											
PERSONAL DATA IS LISTED IN THE UNIVERSITY OF VALENCIA STUDENT MANAGEMENT FILE. THOSE FOR REGISTRY OFFICE USE ONLY											
WISHING TO EXERCISE THE RIGHTS OF ACCESS, RECTIFICATION, CANCELLATION OR OBJECTION TO THE USE OF THIS DATA, MAY DO SO BY CONTACTING THE UNIVERSITY OF VALENCIA (SERVICIO											
GENERAL DE POSTGRADO, AV/ BLASCO IBÂÑEZ, 13, 46071 VALENCIA). THE INFORMATION OBTAINED WILL BE PROCESSED FOR UV STUDENT ADMINISTRATION PURPOSES (ART.5 OF THE PERSONAL DATA											
PROTECTION ACT)											
	FOR ACADEMI	C COORDIN	ATION COMM	SSION (CCA)	OF THE MAGE	ED HEE	ONLY				
	OR ACADEMI	C COORDINA	ATION COMINIE	SSIUN (CCA)	OF THE MASI	ER USE	UNLY				
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