



REGISTRATION 2020/2021

MASTER'S DEGREE IN CLINICAL PSYCHO-NEURO IMMUNOLOGY/ master year

Course location

Germany

Date:

1. Personal information

Passport N°/ID

Nationality

Social Security

Last name

Middle name

first name

Date of birth

Place of birth

Town

Country

Gender M F

2. Contact data for the purpose of notifications

Address

Number

Floor

City

Province

Country

Postal Code

Mobile Phone

Home

E-mail

3. Access degree

Degree

University

Date of issue
of degree

4. Documentation to submit (obligatory)

Photocopy of ID/Passport

Photocopy of degree (both sides)

Photo (.jpg)

Curriculum (updated)

Transcript of records

PNI 1 and 2 diploma

5. Calendar year of PNI Master course – Course code

<u>Course code</u>	<u>Start date</u>	<u>Final date</u>
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6. University fee

15% of master year fee (15%)

<u>Title fee</u>	<u>230,00 €</u>
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Name	PNI Europe BV	VAT N°	NL 855038457B01	Telephone	0031 851302441
Address	Koningin Emmakade 195	Website	www.cpnieurope.com	Country	Netherlands
City	S'Gravenhage 2518 JP	Mail	service@cpnieurope.com		

Registration Requirements

Places will be reserved in the strict order in which they are received in the secretary's office register of PNI Europe. In order to complete the registration, the form must be emailed to PNI Europe. **After acceptance by PNI Europe, you will receive a payment link from PNI Europe.** The payment of the registration fee does not guarantee course enrollment. It is necessary to confirm the reception of the documentation and whether you have been accepted or are on the waiting list. The maximum number of students is limited to 40. PNI Europe reserves the right to call off the course if the minimum number of students required is not reached. Cancellations with refund of registration fees, will be only accepted up to six weeks prior to the start of the master year; in such cases:

I confirm that all the information I have provided on this form and the supporting documents is true and correct. I agree that any misinterpretation in the academic record reflected here will result in the automatic withdrawal as a student of the Pontifical University of Salamanca. I also declare to know and accept the standards and the educational system of the Pontifical University of Salamanca, as well as the tuition fees and method of payment

<u>Student's Signature</u>	<u>Place</u>	<u>Date</u>
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In accordance with the provisions of Article 5 of the Spanish Organic Law 15/1999 that regulates the Collection and protection of Personal Data, you are hereby advised of the following: your personal data collected is subject to automatic data processing and will be incorporated into a data file, named Student's file, under the responsibility of Asociación Nuestra Señora Salud Infirmerum Dioceses of Madrid, Instructional Services Department. The purpose of the collection of data is to carry out the work of the Faculty. The information provided might be transfer to the Pontifical University of Salamanca, so that the University can manage its activities, issue degrees and certificates and any other work that, given the relationship of both institutions, is required. In case of work placement, be advised that your personal information may also be transferred to the different bodies or companies for management and control purposes. The provision of the requested data or the answers to the questions that may be asked during the collection of data are mandatory, since the data requested is essential for carrying out the work commissioned. By signing the document, you accept and acknowledge the above. In any event, you have the right to exercise the right of access, rectification, cancellation and opposition determined by the Organic Law 15/1999 of December 13. For the purpose of exercising the above-mentioned rights, you may address in writing the responsible of the file at the address of the Asociación