



RESIDENZA UNIVERSITARIA A.M.D.G.

Ad Maiorem Dei Gloriam srl

Cannaregio 4883, 30121 – VENEZIA (VE)

Tel. 041.5286579 (8.30/9.45 - 14.30/18.30)

students@amdg.it www.amdg.it

APPLICATION FOR ADMISSION

Academic Year 2025-26

The undersigned,

Family name:

First name:

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Born in (place):

Date:

Sex (M/F):

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Resident in:

Zipcode: / Province:

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Address:

Tax code (Italian “Codice fiscale”):

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Parent’s mobile:

/ Student’s mobile:

Parent email:

/ Student email:

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REQUEST ADMISSION (potentially after meeting)

to your College in **Venice** for a period from/to:

- for the entire academic year (from 07/09/25 to 28/06/2026);
- for 9 months (from **05/10/25** to 28/06/26) - **double room only. Upon approval of the management;**
- for the first semester (from 07/09/25 to 30/01/26);
- for the second semester (from 01/02/26 to 28/06/26).

Room of choice (single/double (with private/shared bathroom)/triple/quadruple).....