



Humanitas admission rankings, 2020-2026

A descriptive audit of Medicine and MEDTEC ranking snapshots

Roberto Galasso | IvyTest

Online: theivytest.com/research/humanitas-cut-off-scores

Published 18 October 2026. Data snapshot 17 October 2026. Not peer reviewed.

Ranking lists	Ranking entries	Source pages	Visible scores
28	12,797	1,293	5,671 (44.3%)

Abstract

This descriptive audit examines 28 surviving Humanitas University Medicine and MEDTEC ranking lists assigned to admission years 2020-2026. All portal extractions were made on 17 October 2026. The collection contains 12,797 ranking entries, including separate non-EU Medicine second calls in 2020 and 2021. Medicine lists for 2022 were not recovered. Their entry counts are shown as midpoint estimates in the coverage comparison, separately from all observed-data totals and score statistics.

Scores are visible for 5,671 entries (44.3%). In this collection, every registered, admitted, not-admitted and pre-registered entry has a score, while every cancelled or rejected entry has a blank score. Consequently, the visible-score distribution cannot describe the entire ranking population. The four 2026 lists contain 2,685 entries, of which 322 have registered status. Including 13 additional entries marked Admitted gives 335 Registered or Admitted entries. Their minima are 450 for Medicine EU, 640 for Medicine non-EU, 347.5 for MEDTEC EU and 533.5 for MEDTEC non-EU, on the source /960 scale. Registered-only minima are retained separately.

These are descriptive observations from retained portal states. They do not establish final admission thresholds, admission probabilities, unique applicant totals or changes in test difficulty. Matching call-defined rank boundaries to the retained positions adds conditional first-round reconstructions. Hidden boundary scores are reported as ordering bounds; conflicting allocations remain separate scenarios. The report distinguishes these boundaries from later registered-score minima.

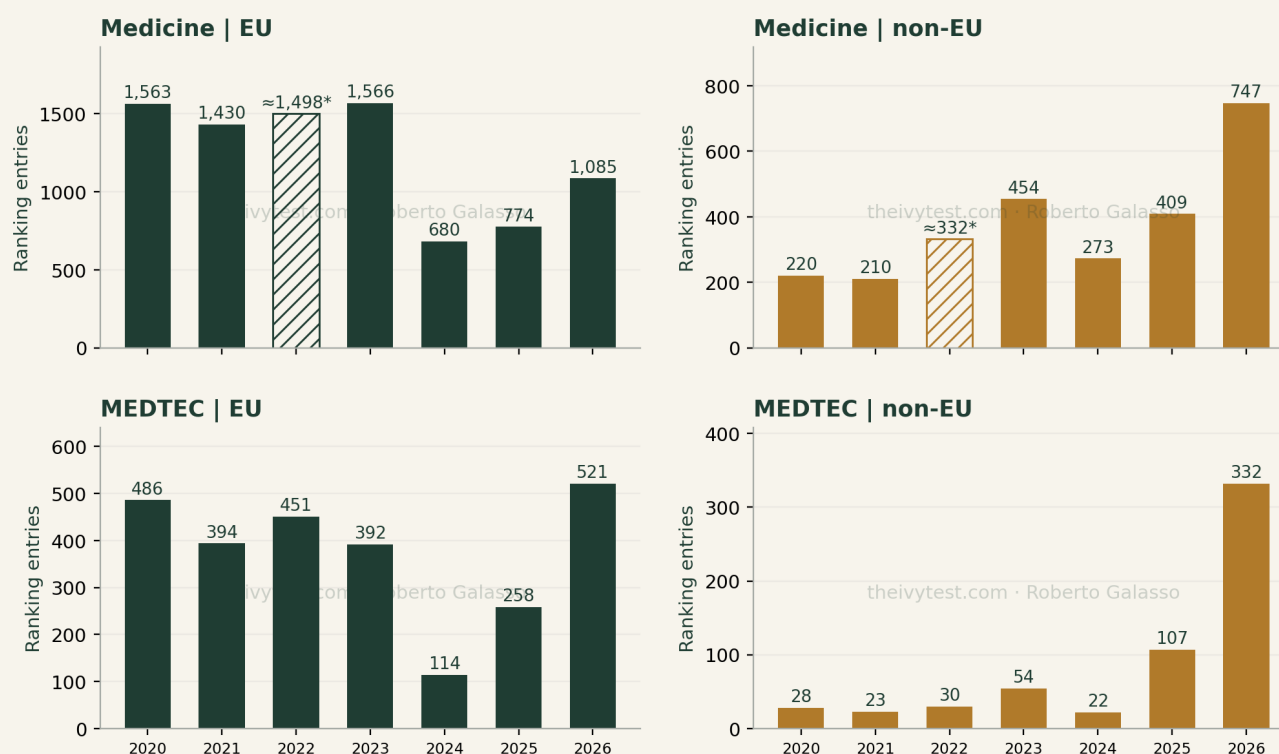
Scope and independence

IvyTest provides admissions preparation. This commercial interest is disclosed so readers can assess the analysis in context. This is independent analysis of Humanitas source material and is not a university publication or endorsement. AI assisted extraction, calculation code and drafting. The author reviewed and approved this analysis.

Citation: Galasso, R. (2026). Humanitas admission rankings, 2020-2026: A descriptive audit of Medicine and MEDTEC ranking snapshots (Version 1.0). IvyTest. <https://doi.org/10.5281/zenodo.23443868>. Online version: <https://theivytest.com/research/humanitas-cut-off-scores>

1. What the collection covers

The recovered main-call lists contain 12,623 entries across 26 lists. Two estimated 2022 Medicine counts are displayed separately and are excluded from these totals. Two additional non-EU Medicine lists contribute 174 entries: 91 in 2020 and 83 in 2021. These second calls remain separate because people may appear in more than one list. Counts across lists are not deduplicated.



Analysis: Roberto Galasso / IvyTest | Humanitas source records | Snapshot: 17 October 2026

Figure 1. Main-call ranking entries. Hatched bars and ≈ indicate 2022 estimates. Source: saved portal extracts [1]; cohort references on pages 9-10.

Year	Medicine EU	Medicine non-EU	MEDTEC EU	MEDTEC non-EU
2020	1,563	220	486	28
2021	1,430	210	394	23
2022	≈1,498*	≈332*	451	30
2023	1,566	454	392	54
2024	680	273	114	22
2025	774	409	258	107
2026	1,085	747	521	332

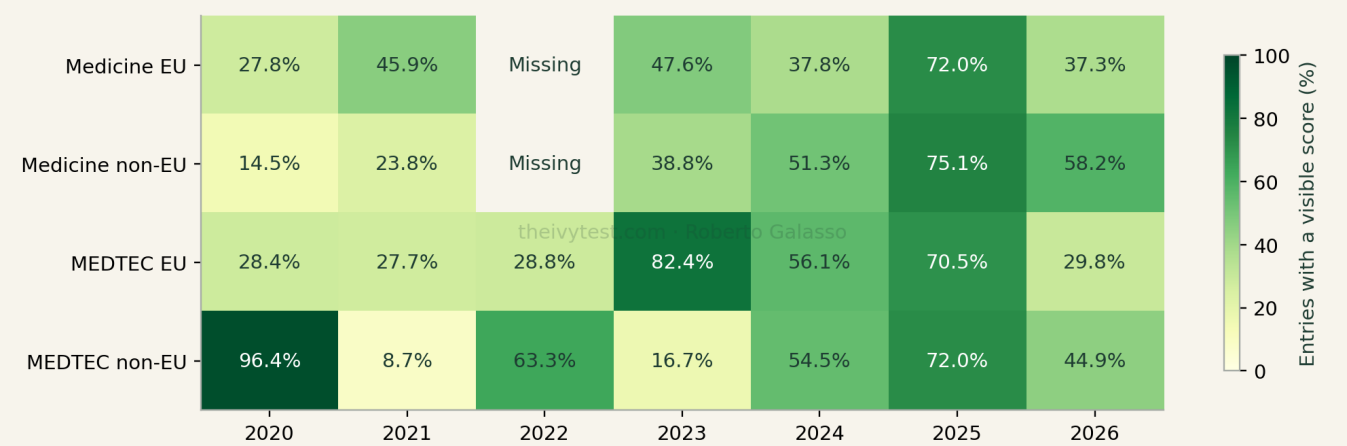
* ≈ denotes an estimate: EU $(1,430 + 1,566) / 2 = 1,498$; non-EU $(210 + 454) / 2 = 332$. This interpolation assumes a straight-line change between 2021 and 2023 and is not a verified 2022 count.

The 2024 MEDTEC EU list contains 114 entries, compared with 392 in the recovered 2023 list. These counts alone cannot establish a fall in applications: the relationship between the retained ranking population and every applicant or test taker has not been verified consistently across years. The same caution applies to increases.

2. Missing scores follow status

Of 12,797 entries, 7,126 (55.7%) have no displayed score. Missingness is exactly associated with the displayed status groups in these extracts. Treating those blanks as zero would invent results; ignoring them without explaining the selection would misdescribe the population.

Displayed status	Entries	Visible scores	Blank scores
Registered	1,622	1,622	0
Admitted	64	64	0
Not admitted	3,984	3,984	0
Pre-registered	1	1	0
Cancelled	3,395	0	3,395
Rejected	3,731	0	3,731



Analysis: Roberto Galasso / IvyTest | Humanitas source records | Snapshot: 17 October 2026

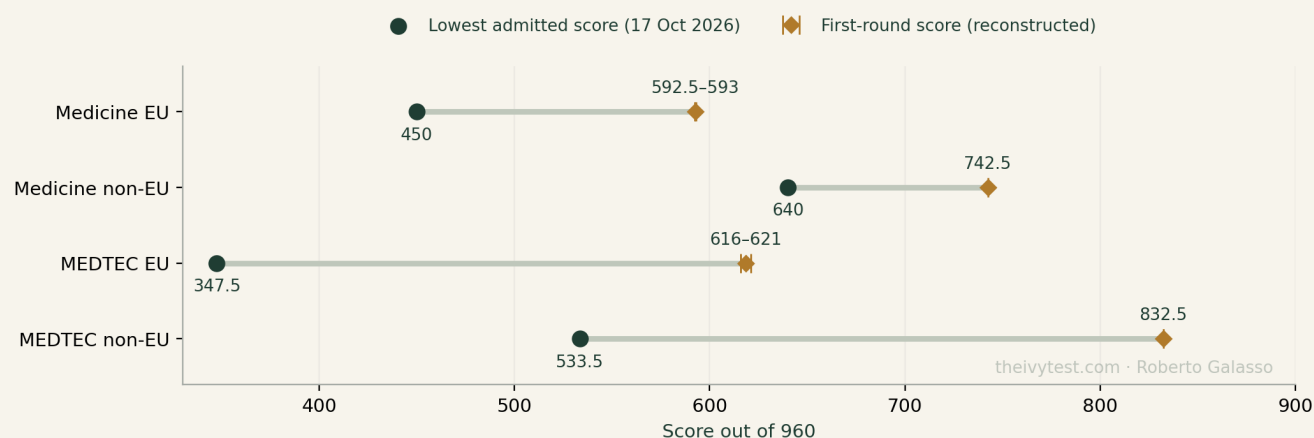
Figure 2. Percentage of entries with a visible score in each main-call list. Source: saved portal extracts [1].

The visibility range is wide: 8.7% in MEDTEC non-EU 2021 and 96.4% in MEDTEC non-EU 2020. An average or percentile of visible scores would summarize different selected subsets in different cohorts. Registered-score summaries are more clearly defined: all 1,622 registered entries in the collection have visible scores. They still describe portal status at extraction, not verified final enrolment.

3. How far the 2026 lists reach

As of 17 October 2026, 335 entries display Registered or Admitted status: 322 registered and 13 admitted. The broader group reaches lower scores in the two EU lists. R+A below means Registered or Admitted, and keeps admissions distinct from completed registration.

2026 list	Registered minimum	R+A minimum	Last R+A rank (status)
Medicine EU	456	450	354 (Admitted)
Medicine non-EU	640	640	118 (Registered)
MEDTEC EU	376.5	347.5	260 (Admitted)
MEDTEC non-EU	533.5	533.5	122 (Registered)



Analysis: Roberto Galasso / IvyTest | Humanitas source records | Snapshot: 17 October 2026

Figure 3. Gold: reconstructed initial call boundary, including ranges where the boundary score is hidden. Green: lowest score among Registered or Admitted entries. All values use the source /960 scale. Reconstruction assumptions and capacity caveats appear in sections 5-6.

List	Registered or Admitted n	Minimum	Median	Maximum
Medicine EU	157	450	592.5	840
Medicine non-EU	50	640	743.25	857.5
MEDTEC EU	90	347.5	496.5	922.5
MEDTEC non-EU	38	533.5	616.5	877.5

Reading the boundary

At 450 in Medicine EU, rank 354 is Admitted while rank 355 is Not admitted. The call breaks ties by Scientific Thinking and Academic Literacy, then Biology and Chemistry, then younger age [2, Article 8.1]. The extracts cannot identify which criterion separated this pair.

R+A is observed admission reach on the extraction date, not the furthest offer ever made or a verified final cutoff. Cancelled entries may conceal earlier offers; displayed statuses do not verify current deadlines or an actionable offer. The lists may subsequently change. Initial boundaries are reconstructed separately in sections 5-6.

4. Historical admitted scores

Each cell shows count, minimum and median for entries marked Registered or Admitted. This same rule applies to every year and to both second calls. These are source-score units, with no cross-year normalization. Medicine source displays use /180 through 2025 and /960 in 2026. MEDTEC displays use /999.99 through 2025, except the 2020 non-EU anomaly, and /960 in 2026. A denominator alone does not establish an equivalent exam scale.

Year	Medicine EU n / min / median	Medicine non-EU n / min / median	MEDTEC EU n / min / median	MEDTEC non-EU n / min / median
2020	127 / 77 / 96	32 / 47 / 79.5	63 / 465 / 580	8 / 401 / 453
2021	123 / 82 / 99	36 / 61 / 89.5	59 / 446 / 584	2 / 525 / 542
2022	Missing	Missing	62 / 461 / 565	3 / 435 / 570
2023	140 / 90 / 116	42 / 88 / 108.5	64 / 465 / 568	9 / 400 / 636
2024	147 / 62 / 102	47 / 77 / 106	64 / 400 / 491	12 / 403 / 539.5
2025	149 / 99 / 120	43 / 105 / 123	78 / 337 / 476	21 / 441 / 518
2026	157 / 450 / 592.5	50 / 640 / 743.25	90 / 347.5 / 496.5	38 / 533.5 / 616.5

Second calls

Medicine non-EU	Registered or Admitted n	Minimum	Median	Source display
2020	12	109	118.5	/180
2021	8	96	106	/180

Source anomalies retained

The 2020 MEDTEC non-EU list has 27 visible scores: 25 end in /0 and two in /999.99. Its raw score numerators are retained. No percentage-of-maximum calculation is made. The 2023 MEDTEC EU list has 392 rows but position labels run from 1 to 393, excluding 305. Its final displayed score is -5/999.99. The absent position label is not filled with an invented candidate.

The 2026 Medicine non-EU list appends position 747 with score 742.5 after a visible score of 202.5 at position 502. This ordering anomaly is preserved. Its call-boundary score is directly visible at rank 50, so no neighboring-score inference is used.

The 2025 Medicine EU minimum among Registered or Admitted entries is 99, compared with 62 in 2024. This is a comparison of observed minima only. It does not demonstrate a change in exam difficulty, applicant ability or admission policy. The 2026 scores require their own interpretation because the displayed scoring scale changes.

5. Medicine: initial boundaries

The call boundary ends the initial direct-admission band, excluding conditional invitations. R+A means Registered or Admitted in the later snapshot. Its minimum score and last rank describe observed admission reach. Scores use /180 through 2025 and /960 in 2026.

Year	Category	Call rank	Boundary score	Lowest registered	Lowest R+A	Last R+A rank
2020	EU	100	97 (visible)	77	77	360
2020	non-EU	50	80-82 (range)	60	47	161
2021	EU	130	99-100 (range)	82	82	308
2021	non-EU	50	92-98 (range)	61	61	128
2022	EU	n/a	Unavailable	Unavailable	Unavailable	Unavailable
2022	non-EU	n/a	Unavailable	Unavailable	Unavailable	Unavailable
2023	EU	130	120 (visible)	90	90	499
2023	non-EU	50	117 (visible)	88	88	186
2024	EU	140	104 (inferred)	62	62	503
2024	non-EU	50	106 (visible)	77	77	156
2025	EU	150	119 (visible)	99	99	365
2025	non-EU	50	131-135 (range)	114	105	180
2026	EU	150	592.5-593 (range)	456	450	354
2026	non-EU	50	742.5 (visible)	640	640	118

Visible: score displayed at the boundary position. Range: bounds from the nearest visible scores above and below. Inferred: those neighbors have the same score. Upper bound: only a better-ranked visible neighbor is available. These are ordering bounds, not statistical confidence intervals.

Reconstruction assumes the retained positions match the initial ranking and the reviewed call allocation applied. No dated first-day ranking or complete amendment history is available. Cancelled rows retain their positions. Tied scores alone do not establish eligibility.

For 2025 Medicine EU, the score at the call boundary (rank 150) is 119, while the lowest observed registered score is 99. Seventy registered entries lie beyond rank 150, and the last registered position is 365. This establishes the observed reach beyond the original band, without identifying each offer round.

R+A means entries displaying Registered or Admitted at extraction. Lowest R+A is their minimum score; last R+A rank is their largest position. It includes admissions not represented by registered-only figures. It is not a complete offer history: subsequently cancelled entries may conceal earlier offers. Statuses do not prove an offer remains actionable, and capacity changes can affect reach.

Medicine 2022: $\approx 1,498$ EU and ≈ 332 non-EU estimate entry counts only. They cannot recover boundary scores, registered counts or waiting-list history. Source: ranking extracts [1] and official calls [2].

6. MEDTEC: initial boundaries

Historical MEDTEC scores retain their original units. R+A means Registered or Admitted at extraction. Two source conflicts require rank scenarios, marked *. The 2021 non-EU initial boundary has only an upper bound.

Year	Category	Call rank	Boundary score	Lowest registered	Lowest R+A	Last R+A rank
2020	EU *	50	617-625 (range)	465	465	205
2020	EU *	60	605-609 (range)	465	465	205
2020	non-EU	10	401 (visible)	401	401	10
2021	EU	60	572 (visible)	446	446	158
2021	non-EU	10	≤525 (upper bound)	525	525	6
2022	EU	60	548-552 (range)	466	461	151
2022	non-EU	10	435-570 (range)	435	435	11
2023	EU	60	572 (inferred)	465	465	133
2023	non-EU	10	492-598 (range)	400	400	30
2024	EU	70	478 (visible)	400	400	114
2024	non-EU	10	528-532 (range)	403	403	22
2025	EU	80	447-456 (range)	337	337	152
2025	non-EU *	10	613 (visible)	441	441	47
2025	non-EU *	20	543 (visible)	441	441	47
2026	EU	80	616-621 (range)	376.5	347.5	260
2026	non-EU	20	832.5 (visible)	533.5	533.5	122

* MEDTEC EU 2020: the pre-postponement call specifies 50 places; the official page archived on 21 September advertises 60. The timing of the change is unverified. MEDTEC non-EU 2025: Article 1 declares 20 places, while Article 11 invites positions 1-10 directly and 11-15 conditionally. Both rank scenarios are retained.

The reviewed 2026 calls specify MEDTEC boundaries of 80 EU and 20 non-EU places. The current course page advertises 90 and 40; the timing of this increase is unverified. The table uses the original call boundaries, so later registration cannot all be attributed to waiting-list movement.

Visible: score displayed at the boundary position. Range: bounds from the nearest visible scores above and below. Inferred: those neighbors have the same score. Upper bound: only a better-ranked visible neighbor is available. These are ordering bounds, not statistical confidence intervals.

Reconstruction assumes the retained positions match the initial ranking and the reviewed call allocation applied. No dated first-day ranking or complete amendment history is available. Cancelled rows retain their positions. Tied scores alone do not establish eligibility.

Source: ranking extracts [1], official calls and archived admissions pages [2]. R+A minima and ranks describe the snapshot, not a complete offer history or final cutoff. MEDTEC 2026 tie-break order is Mathematics and Physics, then Biology and Chemistry, then younger age [2, Article 8.2].

7. Methods and limitations

Design and population

This retrospective audit describes surviving portal records, not a complete history of admissions decisions. Year and cohort assignments use workbook provenance, official calls and archived links. EU and non-EU follow university admission categories; EU can include non-EU residents in Italy. Cross-list overlap is unknown, so counts are entries, not unique applicants.

Extraction and statistics

All four original fields of every ranking row were reconciled with the saved extraction JSON across 1,293 source pages. Row counts, page counts, visible scores and statuses also matched the saved validation files. Scores use their displayed numerator; blanks remain missing. Position labels are not row counts. Visibility equals scored rows divided by all rows. Registered summaries use the exact status Registered. R+A summaries use Registered or Admitted; their minimum score and largest position are calculated separately. The median is the middle ordered score, or the mean of the two central scores for even n .

Boundary reconstruction

Official calls supply the initial direct-admission ranks, excluding conditional invitations. A displayed boundary score is recorded directly. A hidden score is bounded by the nearest visible scores above and below only if visible scores are non-increasing. Equal neighbors identify its value under that ordering assumption. Ranges are not confidence intervals. Source conflicts remain alternative scenarios.

Reconstruction assumes retained positions match the original ranking and the reviewed call allocation applied. Cancelled rows are not removed or renumbered. No first-day ranking snapshot or complete amendment history is available. Scores alone do not resolve tie-breaking rules. Registered counts beyond a boundary describe observed reach, not numbers of rounds, withdrawals or released seats.

Estimates and interpretation

Medicine 2022 entry counts use the arithmetic midpoint of 2021 and 2023, labelled $\approx$. They are excluded from all observed totals, score summaries and status percentages. No scores or statuses are imputed. Missing scores follow status, and scoring systems differ across years. No final cutoff, predictive model, admission probability or hypothesis test is inferred.

Publication dates

Dates in official calls are scheduled dates, not verified upload times. Archived pages establish availability by capture date. The 2026 index explicitly labels a publication date. None of these dates establishes when individual statuses changed. All analytical snapshots were extracted on 17 October 2026.

Reproducibility and disclosure

The private working package includes aggregate and boundary JSON, the reviewed source register, both calculation scripts, the publication builder and figures. Workbook hashes identify inputs. Candidate-level records are excluded. Rights in university material remain separate from the original analysis and figures. Licence: CC BY 4.0 (<https://creativecommons.org/licenses/by/4.0/>). The working files (source URLs, workbook hashes, scripts) are kept by the author and available on request; candidate-level records are never shared.

8. Source register: 2020-2023

[1] Humanitas University, Esse3 ranking detail pages. Retrieved 17 October 2026. Ranking IDs are given as plain-text references. Source URLs and archived evidence are retained in the private audit files. Live pages can change or become unavailable.

Year	List	ID	Entries	Publication evidence
2020	Medicine EU	257	1,563	21 February 2020 (scheduled)
2020	Medicine non-EU	258	220	21 February 2020 (scheduled)
2020	Medicine non-EU (second call)	306	91	16 July 2020 (scheduled)
2020	MEDTEC EU	260	486	By 21 September 2020; exact date unconfirmed
2020	MEDTEC non-EU	302	28	By 21 September 2020; exact date unconfirmed
2021	Medicine EU	406	1,430	22 February 2021 (scheduled)
2021	Medicine non-EU	407	210	22 February 2021 (scheduled)
2021	Medicine non-EU (second call)	410	83	15 July 2021 (scheduled)
2021	MEDTEC EU	408	394	22 March 2021 (scheduled)
2021	MEDTEC non-EU	409	23	22 March 2021 (scheduled)
2022	MEDTEC EU	451	451	15 April 2022 (scheduled)
2022	MEDTEC non-EU	452	30	15 April 2022 (scheduled)
2023	Medicine EU	501	1,566	20 March 2023 (scheduled)
2023	Medicine non-EU	502	454	20 March 2023 (scheduled)
2023	MEDTEC EU	509	392	8 May 2023 (scheduled)
2023	MEDTEC non-EU	510	54	8 May 2023 (scheduled)

Missing Medicine 2022 sources: ranking IDs 435 (EU) and 436 (non-EU). Their underlying ranking rows were not recovered. They are not part of the 28-list analytical dataset.

9. Source register: 2024-2026

Year	List	ID	Entries	Publication evidence
2024	Medicine EU	505	680	27 March 2024 (scheduled)
2024	Medicine non-EU	580	273	27 March 2024 (scheduled)
2024	MEDTEC EU	582	114	10 May 2024 (scheduled)
2024	MEDTEC non-EU	583	22	10 May 2024 (scheduled)
2025	Medicine EU	649	774	17 March 2025 (scheduled)
2025	Medicine non-EU	650	409	17 March 2025 (scheduled)
2025	MEDTEC EU	651	258	6 May 2025 (scheduled)
2025	MEDTEC non-EU	652	107	6 May 2025 (scheduled)
2026	Medicine EU	747	1,085	30 March 2026, 09:30 (portal index; timezone unspecified)
2026	Medicine non-EU	748	747	30 March 2026, 09:30 (portal index; timezone unspecified)
2026	MEDTEC EU	749	521	30 March 2026, 09:30 (portal index; timezone unspecified)
2026	MEDTEC non-EU	750	332	30 March 2026, 09:30 (portal index; timezone unspecified)

Publication evidence and source access

Historical scheduled dates above are taken from official calls preserved in each workbook's provenance. For 2020 MEDTEC, the original March schedule was superseded after the test was postponed; the exact revised ranking publication date is unconfirmed. The archived university admissions page establishes availability by 21 September 2020. For 2026, the source is the official Esse3 competition index. These dates do not date the individual status observations used in this report.

Initial allocation sources [2]

Humanitas University, annual Medicine and MEDTEC calls for applications, EU and non-EU categories, 2020-2026. Reviewed 17 October 2026. Medicine 2022 is excluded from the boundary reconstruction. The 2025 MEDTEC EU allocation uses the Italian call. The 2020 MEDTEC EU comparison also uses the official admissions page archived 21 September 2020. The current MEDTEC course page supplies the later 2026 capacity comparison. Exact URLs and PDF page references are retained in boundary-source-register.json.

Full provenance

The author's audit file contains, for every list, the ranking source URL, source workbook filename, SHA-256 hash, archive/call links, extraction metadata and validation outcomes. This provides a compact audit trail without publishing Prematricola identifiers. The historical calls and archives support cohort assignment and publication chronology; the extracted rankings supply the numerical findings.

Version record

Version 1.0, 18 October 2026: first publication. Data snapshot 17 October 2026.