DEPARTMENT OF ………..

ATTACHMENT A

**“Visiting Student” Programme**

Application form

TO BE SENT TO THE DEGREE COORDINATOR OF THE DEPARTMENT

**Personal data**

|  |  |
| --- | --- |
| FIRST NAME |  |
| LAST NAME |  |
| PLACE and DATE OF BIRTH |  |  |
| CITIZENSHIP |  |
| SEX | M | F |
| RESIDENCY (ADDRESS) |  |
| COUNTRY OF ORIGIN |  |
| E-MAIL |  |
| LANDLINE, MOBILE |  |  |

**Academic information**

|  |  |
| --- | --- |
| DEGREE TITLE |  |
| UNIVERSITY OF ORIGIN |  |
| ENROLLED IN |  |

**I AM REQUESTING to be a Visiting Student at the University of L’Aquila from ………..….... to…………………… in order to carry out the following activities:**

.................................................................................................................................. My contact person at the Department is Prof./Dr. ………..……….

**I AM ENCLOSING:**

**- my curriculum vitae**

**- my enrollment certificate**

**- copy of my passport (I.D. if EU/EEA citizen)**

Date: Signature