DEPARTMENT OF ………..

ATTACHMENT B

**“Visiting Student” Programme**

Application acceptance

TO BE SENT TO THE DEPARTMENT BOARD

**The undersigned, Prof./Dr. ………….., asks that the Department accepts .............. as a Visiting**

**Student from …………..….... to…………………….**

**Personal data of the Visiting Student**

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

**Academic information of the Visiting Student**

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

**Activities to be performed during the stay at the University of L’Aquila**

..................................................................................................................................

**I AM ENCLOSING the Visiting Student’s**

**- curriculum vitae**

**- enrollment certificate**

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

Date: Signature: