

APPLICATION FORM

Photo	COUNTRY		Long-term/short term scholarship		Academic year	
	Name		First Name			
	Place of birth		Date of birth			
	Current Address				Zip Code	
Telephone		Telefax		E-mail		
Present occupation						
Name of University or Institute		University degrees and diplomas to be obtained		Year of attendance	Examinations passed	Average of marks
					Credits obtained	
Degrees and diplomas already obtained		University or Institute		Date of degree examination		Final mark earned
Other university degrees and diplomas obtained				Publications		
Knowledge of Languages	Level	Scholarships previously awarded		Other scholarships you have applied for		
Subject of the proposed study or research programme		Description of planned study or research programme				
University/School/Centre where study/ research is to be undertaken			Length of stay (months)		Desired date of beginning	
Italian Academic reference letters emitted by:						
Foreign Academic reference letter emitted by:						