

TRAININCOMING PROGRAMME Academic Year 2015/2016

APPLICANT PERSONAL DETAILS

Surname	Name	
Place of birth	Province	
Date of birth	Age	
Nationality		
Tax code		
Home institution		

RESIDENCE DETAILS

Street, no.		ZIP	Town	District	
Phone	Mobile		E-mail		

ACADEMIC CAREER

HOME UNIV	ERSITY		Spazio riserva Protocollo
First year of University	registration at		Space reserved
Year of atte	ndance in 2014/2015		
Study course (please specify if Bachelor or Master Level and the name of the Degree)			
Lamanda	1st cycle	BA - Bachelor	
Legenda:	2nd cycle	MA - MSc	

to al Servizio di Ateneo for office use

LIST OF ATTENDED COURSES AND PASSED EXAMS

Please list all the courses attended and the exams passed during the period of attendance of the Degree Course you are presently enrolled at.

	COURSE TITLE	CREDITS (where available)	MARK
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		

Knowledge of ITALIAN	Language	Certification and <u>level</u>	Date of issue	Mark (if available)
and/or ENGLISH language	ITALIAN			
	ENGLISH			

|--|

Applicant's professional skills Please list your professional skills and competences that may be taken into consideration by the selection Committee at UNIPR.

Applicant's motivation for the participation in Please describe the reasons why you wish to part		
		_
PERIOD FOR TRAINEESHIP AT THE UNIVERS	SITY OF P	ARMA
Please list, in order of preference (using 1, 2 or		
traineeship at the University of Parma. In case on choice may be unattended in case of the number		
the period of preference.	т от аррпс	ants exceeds the number of places available if
PERIOD		ORDER OF PREFERENCE
20 th October 2015 – 20 th December 2015 20 th January 2016 – 20 th March 2016		
20 th April 2016 – 20 th June 2016		
·		
The applicant is aware that this application form r 1. Two recommendations letters written and 2. One CV in English language signed in original	signed by	faculties working at the home institution;
Date:		
		Applicants' signature
		Applicants' signature
SPACE RESERVED TO THE	APPLIC <i>A</i>	ANT'S HOME UNIVERSITY
I hereby certify that the information provided b		plicant is correct for all information concerning
personal data and academic profile and performal		sahad ta this application are written and signer
I furthermore declare that the recommendations by official faculties employed at this University.	letters att	ached to this application are written and signed
by official faculties employed at this offiversity.		
Officer's surname and name:		
Role at the applicant's home institution:		
Date:		
Stamp and signature		