



**PortoConte
Ricerche**



REGIONE AUTONOMA
DELLA SARDEGNA



APPLICATION FORM

Part I - Personal information

Family name _____ Gender _____

First name _____

Address _____

Tel. no: _____ Fax no: _____

E-mail: _____

Native language _____

Citizenship: _____

University/Employment: _____

Please rate your level of English

Basic

Intermediate

Advance

Part II – Education and professional experience

Current University/Enterprise Affiliation

Current position

Current professional experience

Previous professional experience

Other relevant experiences

Information about current research you are doing

Motivation to attend to the summer school

PLEASE READ CAREFULLY

I, the undersigned, hereby declare that all information provided in this application form are truthful and accurate and that no relevant information has been left out.

By signing this form the applicant allows Porto Conte Ricerche Srl to use all data provided in this form for summer school purposes. These data will always be used respecting the privacy of individual persons.

OTHER DOCUMENTS REQUIRED

Please send this application form to the email address summerschool@portocontericerche.it by the established deadline together with your personal curriculum vitae.

Signature

Date