

**SUMMER SCHOOL IN:** \_\_\_\_\_

**RETURN TO: International Relations Office (tel. +39 0672592062/2556)**  
**BY FAX (+39) 06 7236605, BY E-MAIL : [belinda.caparro@uniroma2.it](mailto:belinda.caparro@uniroma2.it)**

Student family name: \_\_\_\_\_ Forename: \_\_\_\_\_

M: /\_\_\_/ F: /\_\_\_/ Date of birth(*dd-mm-yy*): \_\_\_/\_\_\_/\_\_\_ Nationality: \_\_\_\_\_

Passport n: \_\_\_\_\_ Issuing country: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Address: \_\_\_\_\_ City, Province: \_\_\_\_\_ State: \_\_\_\_\_

Zip/postal code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone number: (+\_\_\_\_\_) \_\_\_\_\_ Mobile number: (+\_\_\_\_\_) \_\_\_\_\_

Home University: \_\_\_\_\_ School of: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Course of Study in \_\_\_\_\_ Level\* \_\_\_\_\_

A. Y. of enrolment: \_\_\_\_\_/\_\_\_\_\_ Year of attendance: \_\_\_\_\_ Planned year of graduation \_\_\_\_\_

Referent Home Professor name (if available): \_\_\_\_\_ Phone number (+\_\_\_\_\_) \_\_\_\_\_

In case of Emergency contact: Mr/Ms \_\_\_\_\_ Phone number (+\_\_\_\_\_) \_\_\_\_\_

Please specify any food restrictions or allergies: \_\_\_\_\_

- I apply for the scholarship.
- I hereby consent to my personal data being processed.

Signature of Applicant : \_\_\_\_\_ Place \_\_\_\_\_ Date (*dd-mm-yy*): \_\_\_/\_\_\_/\_\_\_

- I enclose :
1. copy of my passport,
  2. my cv ( max 1 page),
  3. motivation letter.

\* One cycle degree/ M.D/ M.Sc. / PHD  
90% of attendance is mandatory to be awarded with 5 credits ECTS