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**APPLICATION FORM**

**To the Director of the Master**

**in Aesthetic Medicine and Therapeutics**

University of Camerino

Via Madonna delle Carceri, 9

62032 CAMERINO (MC), Italy

*To be sent by legal mail at the address* [**sfp@pec.unicam.it**](mailto:sfp@pec.unicam.it)*or* [direttore.farmaco@unicam.it](mailto:direttore.farmaco@unicam.it)

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

in (city, region, country)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ;

citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

street address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

city \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ region \_\_\_\_\_\_\_\_\_\_ zip code \_\_\_\_\_\_\_\_

country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

tax number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In reference to the call EST4/2017

**APPLIES**

For having assigned the course(s) indicated below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of the for the International Master in “AESTHETIC MEDICINE AND THERAPEUTICS” Stage activity Rome (Italy).

To this end, according to article 46 of the D.P.R. of December 28, 2000, No. 455, and aware that those who make false declarations will lose the benefits obtained and are liable to the penal sanctions for false declarations indicated in articles 75 and 76 of the above-cited D.P.R., she or he

**DECLARES ON HER OR HIS OWN RESPONSIBILITY THAT SHE OR HE IS**

 to be an Italian citizen or citizen of the country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ;

 of having enough knowledge of the English language for teaching in the Master course ;

 of having enough computer literacy to enable the delivery of an university course in the e-learning mode;

 to be registered / in the election list of the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

 to not have had penal sentences or penal procedures in progress;

 to have or not to have had positions at any structure of the University of Camerino as specified in the curriculum vitae herewith enclosed. None of these was terminated prematurely. (*In case of resolution different from the natural expiration of the contract specify the reasons for the termination*);

 that what is indicated in the curriculum is true.

Moreover, the undersigned requests that any communication related to this selection is sent to the following address (*just in case the address is different from the above indicated)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and agrees to promptly notify the secretariat of the Master any changes.

He/she is aware that personal data will be collected and used in full respect of the law for purposes pertaining to execution of institutional activities, in particular for the full discharge of activities regarding the academic and administrative relationship with the University.

Enclosed to this application are:

* curriculum vitae completed with date and signed;
* copy of passport or other valid identification document.

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_