	Photo (Optiona	1)	To the Director of S.I.S.S.A. Via Bonomea 265 34136 Trieste Italy e-mail: protocollo@sissa.it fax: +39 0403787249		
			(name and surname)resident in (full aderning application)		
telephone/fax no e-mail address (if any);					
			REQUEST		
to take part in the selection for a research training fellowship for post-graduate students for the following fields:					
		Astrophy	vsics		
			rticle Physics		
		Cognitive	re Neuroscience		
	☐ Functional and Structural Genomics				
		Mathema	atical Analysis, Modelling and Applications		
	☐ Mathematical Physics and Geometry				
		Neurobio	ology		
☐ Physics and Chemistry of Biological Systems					
		Statistica	al Physics		
		Theoretic	cal Particle Physics		

☐ Theory and Numerical Simulation of Condensed Matter



I declare, on	n my own responsibility, the following:				
a) to be a	citizen;				
b) to poss	sess a sufficient/average/good/excellent knowledge of the English language;				
c) to hav	e a degree in, obtained on (date)				
from t	he University of, with				
the final mark;					
d) to undertake to follow the activity on a full-time basis in accordance with the Statutes of the					
and the	and the regulations of each Course;				
e) to unde	to undertake to communicate any changes in address immediately.				
I enclose	the following documentation:				
	Curriculum Vitae;				
	Certificate of University examinations taken (with marks) and degree certificate in Italian,				
	English, French, Spanish or German;				
	Noreference letters;				
	Brief statement of the research interests in the framework of the chosen field				
	Other (specify)				
information	nternational School for Advanced Studies will respect the reserved nature of the submitted by the candidates. All the data will be used for the purpose of the				
competition only and for the eventual fellowship, in accordance with the Italian Legislative Decree 196/2003.					
Date,					
	Signature				

