To the SISSA Director Via Bonomea 265 34136 Trieste ITALY

Signature .....

I, the un	ndersigned (name and surname)		born in
(city and co	ountry)	on (date)	resident in (full
address)			
telephone/fa	ax no e-mail	address	;
REQUEST			
	t in the <b>selection for a research traini</b> tled: "Learning trajectories" .	ng fellowship for undergradua	ate students for the
I declare, un	nder my own responsibility, the following	:	
a) to be a	a	citizen;	
b) to possess a sufficient/average/good/excellent knowledge of the English language;			
c) to have a degree in, obtained on (date)			
from the University of, with			
the final mark;			
d) to undertake to follow the activity on a full-time basis in accordance with the Statutes and the			
regulations of the School;			
e) to unde	dertake to communicate any changes in a	address immediately.	
I enclose	e the following documentation:		
	Curriculum Vitae;		
	Certificate of University examinations t	aken (with marks) and degree ce	ertificate;
	No letters of presentation;		
	Brief statement of the research		
	Copy of passport (or other ID documer	nt)	
information competition Decree 196		the data will be used for the	he purpose of the
Date,			