To the Director of S.I.S.S.A. Via Bonomea 265 34136 Trieste Photo Italy (Optional) e-mail: protocollo@sissa.it I, the undersigned (name and surname)..... born in ..... on ...... resident in (full address for correspondence concerning application) ..... ..... ..... Telephone..... e-mail address .... REQUEST to take part in the selection for a research training fellowship for post-graduate students for the following fields: Astrophysics □ Astroparticle Physics □ Cognitive Neuroscience ☐ Functional and Structural Genomics ■ Mathematical Analysis, Modelling and Applications ☐ Mathematical Physics and Geometry □ Neurobiology Physics and Chemistry of Biological Systems ☐ Statistical Physics ☐ Theoretical Particle Physics ☐ Theory and Numerical Simulation of Condensed Matter

l declare, or	n my own responsibility, the following:
a) to be a	a citizen;
b) to pos	sess a sufficient/average/good/excellent knowledge of the English language;
c) to hav	/e a degree in obtained on (date)
from	the University of, with
the fin	ıal mark;
d) to und	lertake to follow the activity on a full-time basis in accordance with the Statutes of the School
and th	ne regulations of each Course;
e) to und	ertake to communicate any changes in address immediately.
I enclose	the following documentation:
	Curriculum Vitae;
	Certificate of University examinations taken (with marks) and degree certificate;
	Noreference letters;
	Brief statement of the research interests in the framework of the chosen field
	Other (specify)
The International School for Advanced Studies will respect the reserved nature of the information 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