To the Director of S.I.S.S.A. Via Bonomea 265 34136 Trieste Italy

e-mail: protocollo@sissa.it

I, the undersigned (name and surname)born ir					
on resident in (full address for corre					corre-
spondence concerning application)					
Telephone e-mail address ;					
REQUEST					
to take part in the public selection for the provision of a fellowship in the framework of the "Percorso Formativo Comune del corso di Laurea Magistrale in Matematica"					
I declare, on my own responsibility, the following:					
a) to be 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	Uni	versity	of
	,	with	the	final	mark
;					
d) to undertake to follow the activity on a full-time basis in accordance with the Statutes of the					
School and the regulations of the Course;					
e) to undertake to communicate any changes in address immediately.					
I enclose the following documentation:					
☐ curriculum vitae et studiorum;					
 a certificate of University examinations with marks; a bachelor degree certificate if already obtained, or an equivalent title. 					
□ No reference letters (at least two);					
 a copy of the bachelor thesis (if any). Additional material, such as: prizes and other fellowships, publications or original scientific 					
results, participation in school or conferences.					
The International Cabact for Advanced Ctudios will					
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,					
Signati	ure				