



APPLICATION FORM FOR PART-TIME COLLABORATIONS

APPLICANT'S DETAILS

First name
Last name
Matriculation number
Course
Enrollment year
Phone number
Citizenship country

THE APPLICANT DECLARES:

1. that they are enrolled as a current full-time student in the Undergraduate or Postgraduate Degree Course for the I.A.A. []; [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
2. that they have the merit requirements as set out in the notice; [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No

ATTACHED DOCUMENTATION

[<input type="checkbox"/>] certificate of exams taken, credits awarded and average weighted grade on the date set out in the notice

DECLARATION

The applicant declares that they have completed this form in all its parts, and are aware that false statements are punishable under criminal law as per Art. 76 of D.P.R. December 28, 2000, no. 445, and that the University of Gastronomic Sciences will verify the accuracy of the statements made and may request further documentation to prove the information provided by the applicant, as per articles 71, 75 and 76 of the same D.P.R. The applicant authorizes the University of Gastronomic Sciences to process the data provided in accordance with European Reg. (EU) 2016/679 and Italian Legislative Decree June 30, 2003, no. 196 and subsequent amendments and additions.	
Date (day/month/year)	Applicant's signature

The completed form and the required documents must be e-mailed to segreteria@unisg.it with the subject line "*Part-time collaborations*".