



APPLICATION FORM FOR THE ASSIGNMENT OF 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 academic year.
 Yes No
2. that they have the merit requirements as set out in the announcement.
 Yes No

ATTACHED DOCUMENTATION

certificate of exams taken, credits awarded and average weighted grade on the date indicated in the announcement

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 either presented in person to the Academic and Registrar Office during office hours or e-mailed to segreteria@unisg.it with the subject line "*Part-time collaboration -A.Y.*".