

ANNEX APPLICATION FORM

r ersonar imormation
Full Name
Gender M F
Date and Place of Birth
Present Address (please indicate number, street, town, country, ZIP code, telephone number, email)
Declares
1) to be in possession of the following degree; 2) that the information and da provided and documentation attached are authentic; 3) that will take responsibility to communicate are changes regarding address, telephone number, and email; 4) Italian Privacy Law – Legislative Decree N° 19 I hereby authorize the use of my personal details solely for circulation within International University for Peace Rome for academic and informative purposes only, according to the Italian Legislative Decree N° 196/2003, date 2003/06/30. Moreover I authorize International University for Peace Rome to communicate with me to the previous contacts provided.
Date
Programme of choice INDUSTRY 4.0 – SMART WORKING
Academic Profile
Highest Degree Achieved (please indicate name, discipline, institution attended, address, country, academic year, date of achievement)
Publications and Conference Presentations (please indicate the most relevant with full citations)
Work Profile (please indicate your last three professional experiences, in reverse chronological order) Company or Institution

Position Held

Time Period
Company or Institution
Position Held
Γime Period

Date Signature

Bank details for the transfer

Banca Promos

IT83T0326503400000010132082