



APPLICATION FORM

(please, write in block letters)

Last name / Cognome _____

First name / Nome _____

Gender / Sesso ρ M ρ F

Birth Date / Data di nascita _____

Town - State of Birth / Città - Nazione _____

Residence Town – State / Indirizzo di residenza _____

Complete address and ZIP Code / Codice Postale _____

Address in Italy (for International students) / Residenza Italiana _____

Passport n. _____ Issue Date _____

State _____ Expiry Date _____

Fiscal Code / Codice Fiscale (only for Italian student) _____

Mobile phone / Cellulare _____

E-mail _____

Language (only for International students):

Basic ENGLISH ρ YES ρ NO Basic ITALIANO ρ YES ρ NO

Need Visa ρ YES ρ NO

Course / Corso scelto _____

Summer School's Month / Mese della Summer School _____

NOTE / Request / Richieste: _____

Once you have completed the form, please send it to info@academiacremonensis.org

Compilato il modulo, inviarlo per favore alla seguente E-mail info@academiacremonensis.org

Cremona, _____

Student Signature / Firma studente

Accademia Cremonensis