

STAFF TRAINING – SECOND EDITION –

Exchange of good practices and mutual sharing of knowledge

APPLICATION FORM

03-07 June 2019

Please, fill and tick where necessary

NAME	
SURNAME	
DATE OF BIRTH	
FEMALE	MALE
EMAIL	
PHONE NUMBER	
TITLE/POSITION	
DEPARTMENT	
UNIVERSITY	
COUNTRY	
ADDITIONAL TOPICS OF PERSONAL INTEREST	

I agree that the Erasmus documents will be: (tick where necessary)

- 1) brought in original for the signature
- 2) sent by email before my arrival

Signature - _____

Thank you for joining us!

Please, return to cinzia.corti@unimib.it within 15 April 2019