

NOMINATION FORM FOR OPEN DUAL LECTURE SERIES

GENERAL INFORMATION

Applicant's _____ name:

Date of birth: __/__/____

City of birth: -----

Country of birth: -----

Address:

(Street Address)

----- (City) -----

(State/Province)

----- (Postal/Zip Code)

CONTACTS

Phone number: -----

E-mail address: -----

EXPERIENCE IN (select one area):

- digital transformation;
- sustainability;
- societal challenges.

SPECIFIC EXPERIENCE IN THE SELECTED AREA

----- (max 1000 characters)

TEACHING EXPERIENCE

----- (max 1000 characters)

I hereby consent to the processing of my personal data pursuant to Article 13 of Legislative Decree 196/2003 and Article 13 GDPR 679/16.

Date _____

Signature _____²

- Attachments: Copy of an ID card
- Copy of the curriculum vitae

² The signature is considered authenticated if a copy of a valid certificate of identity of the undersigned is attached to the application form.