

Mediterranean Agronomic Institute of Bari

C I H E A M - B A R I

International Centre for Advanced Mediterranean Agronomic Studies

APPLICATION FORM

to be sent to

Istituto Agronomico Mediterraneo di Bari, Via Ceglie 9, 70010 Valenzano (BA) ITALY
Tel: +39 0804606111; Fax: +39 0804606206 ; didattica@iamb.it

Application for the academic year 2017 – 2018

PERSONAL INFORMATION

Nationality:

Family name: First name:

Date of birth: Place of birth:

Sex: M F

Family status: Married Single

Address:

.....

Country :

Tel. No.: Fax No.:

Mobile Phone No.: E-mail:

Full name and address of the person to be notified in case of emergency

.....

Please attach scanned copies of:

- Your passport
- Six (6) passport photos
- Medical Certificate attesting the health state of the candidate and detailing the presence of allergies (if any), running therapies (if any), illnesses or disorders (if any).

MASTER PROGRAMME YOU WISH TO APPLY FOR

(Please put a cross in the correspondent box, one choice only)

DEADLINE: 31 MAY 2017

- "Land and Water Resources Management: Irrigated Agriculture"
- "Sustainable IPM Technologies for Mediterranean Fruit and Vegetable Crops"
- "Mediterranean Organic Agriculture"

Mediterranean Agronomic Institute of Bari

EDUCATION INFORMATION

Qualification: Agronomist Engineer Other (specify) :

.....
.....

University Degree (please indicate the highest graduate degree you have obtained)

.....
.....

Years of study.....

Other Specialization Courses (if any)

.....
.....

Please attach scanned copies of:

- Certified copy of the University Degree (translated into English or French or Italian)
- Certified copy of the University Transcripts (translated into English or French or Italian)
- "Dichiarazione di Valore" (Declaration of Value of your University Degree)

LANGUAGE SKILLS

Is English your working language? YES NO

Please attach a scanned copy of:

- Certificate of English Language (TOEFL, IELTS, Cambridge ESOL). Minimum level required: **INTERMEDIATE** (e.g. TOEFL 55-85, IELTS 4.5-5.5; Cambridge PET, etc.)

PRESENT EMPLOYMENT OR ACTIVITY

Institution /University/ Other.....

Current work address:

.....

Tel. No.:..... Email:.....

Present position.....

.....

REASONS FOR APPLYING TO THE COURSE

.....

.....

.....

Mediterranean Agronomic Institute of Bari

SCHOLARSHIP

Have you applied for a scholarship to any national or international organization other than CIHEAM-BARI?

Yes No

If yes, did you receive a positive answer? Yes NO

Name and address of the organization:.....
.....

REFERENCES

Please indicate the name of two people, of the academic or professional sphere, able to give you a reference letter

Reference 1

Title, First Name, Surname:.....
Institution.....

Reference 2

Title, First Name, Surname:.....
Institution:.....

Please attach scanned copies of:

- Reference letters

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Data:.....

Signature

In accordance with the provisions of Decree 196/2003 on Protection of Personal Data, please be informed that the CIHEAM-BARI will enter the data provided in its database in order to process your application and inform you, by post or email, about future activities you may be interested in. You may exercise your right to gain access to rectify, cancel and contradict this information by making a Subject Access Request addressed to the Mediterranean Agronomic Institute of Bari, Via Ceglie 9, 70010 Valenzano (Bari), together with copy of your National Identity Card or equivalent.

I, the undersigned, declare that, to the best of my knowledge and belief, the information supplied by me in this application for candidature is true and complete.

Data:.....

Signature