



ERASMUS-INTENSIVE PROGRAMME (IP)¹

DISPE III

DIRIGERE I SERVIZI ALLA PERSONA

<http://www.lumsa.it/LUMSA/site/1619/Default.aspx>

ADMINISTRATIVE DATA

ACADEMIC YEAR: 2009/210

FIELD OF STUDY: .SOCIAL WORK

HOME INSTITUTION
LUMSA UNIVERSITY
Name and full address:
VIA DI PORTA CASTELLO 44 00193 ROME

STUDENT'S PERSONAL DATA

Family name:..... First name:..... Sex:.....
Passport number:.....
Date of birth:..... Place of birth:..... Nationality:.....
Current address:.....
Telephone:..... E-mail:.....



This project has been funded with support from the European Commission. This communication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

¹ To be sent to erasmuslumsa@lumsa.it

LANGUAGE COMPETENCE

Native language:				
Languages:	Excellent	Good	Fair	No
1. ITALIAN				

CURRENT AND PREVIOUS STUDY

Academic degree: Yes No - Degree and area:

Current position:

Bachelor student: Yes No - Field of study / Specialization:

Have you already been studying abroad? Yes No

If Yes, when and at which institution/ country?

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Why are you interested in this programme?

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Student signature:

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Date:



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