

# master in **CULTURAL EXPERIENCE DESIGN AND MANAGEMENT** APPLICATION FORM

Name .....

Surname .....

Place of birth ..... date of birth ..... /..... /..... /.....

Mailing Address ..... zip .....

City ..... State ..... Country .....

Phone ..... Mobile ..... Office .....

Fax ..... E-mail .....

Degree .....

Profession .....

## **APPLIES to MED - Master in Cultural Experience Design and Management (November 2008 – December 2009)**

Date ..... Signature .....

In accordance to the d.lgs.196/03 allows the treatment of personal information

Date ..... Signature .....

As requested, I attach:

- curriculum vitae;
- the certificates of the attended courses;
- statement of purpose;
- two academic and/or professional letters of presentation.

### Notes

This application form, fully filled and signed, can be forwarded to the Fax number +39 06 8552353 and/or digitally sent to Chiara Vitale - email [c.vitale@irfi.it](mailto:c.vitale@irfi.it), or [vitalec@masterculturalexperiencedesign.com](mailto:vitalec@masterculturalexperiencedesign.com) - within November 12, 2008. Sending the application form doesn't imply the obligation to register to the Master. The selection will be based on the assessment of the presented documents and will follow the chronological order of receipt of the application forms. IRFI will inform the admitted candidates within November 14, 2008. Once admitted, the candidates will have to immediately pay a share corresponding to Euro 3.000.00; the remaining share will have to be paid within the starting date of the Master (November,17, 2008). The personal data of the candidates will be treated in accordance to the d.lgs.196/03.

Signature .....