



Campus Bio-Medico University of Rome
International Relations Office
Via Álvaro del Portillo, 21
00128 – Roma

APPLICATION FORM FOR INCOMING VISITING PROGRAMME

1. Visiting Professor/Lecturer/Researcher

Surname	
First name	
Date of birth	
Academic title	
Home institution	
E-mail	
Phone number	

2. Application information:

Please indicate the dates: from dd/mm/yyyy to dd/mm/yyyy

3. Proposed activities during your stay at Campus Bio-Medico University:

4. Authorization Information on the processing of personal data

I confirm I have read and understood the [Information on the processing of personal data](#).

YES

NO

Date

Applicant signature

Please, send the signed application to relazioni.internazionali@unicampus.it and enclose the following documents:

- ID/Passport scanned copy;
- *Curriculum Vitae* including the full list of publications and teaching activities.