



TO MAGNIFICO RETTORE OF UNIVERSITA' DEGLI STUDI DI MILANO

ID CODE 6685

I the undersigned asks to participate in the public selection, for qualifications and examinations, for the awarding of a type B fellowship at **Department of Social and Political Science**

Scientist- in - charge: **Anne-Marie Jeannet**

[Name and surname]

CURRICULUM VITAE

PERSONAL INFORMATION

Surname	
Name	

PRESENT OCCUPATION

Appointment	Structure

EDUCATION AND TRAINING

Degree	Course of studies	University	year of achievement of the degree
Degree			
Specialization			
PhD			
Master			
Degree of medical specialization			
Degree of European specialization			
Other			

REGISTRATION IN PROFESSIONAL ASSOCIATIONS

Date	of	Association	City
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registration		

FOREIGN LANGUAGES

Languages	level of knowledge

AWARDS, ACKNOWLEDGEMENTS, SCHOLARSHIPS

Year	Description of award

TRAINING OR RESEARCH ACTIVITY

description of activity

PROJECT ACTIVITY

Year	Project

PATENTS

Patent

CONGRESSES AND SEMINARS

Date	Title	Place

PUBLICATIONS

Books



[title, place, publishing house, year ...]
[title, place, publishing house, year ...]
[title, place, publishing house, year ...]

Articles in reviews
[title of the article, review, place, publishing house, year ...]
[title of the article, review, place, publishing house, year ...]
[title of the article, review, place, publishing house, year ...]

Congress proceedings
[title, structure, place, year]
[title, structure, place, year]
[title, structure, place, year]

OTHER INFORMATION

Declarations given in the present curriculum must be considered released according to art. 46 and 47 of DPR n. 445/2000.

The present curriculum does not contain confidential and legal information according to art. 4, paragraph 1, points d) and e) of D.Lgs. 30.06.2003 n. 196.

Please note that CV WILL BE PUBLISHED on the University website and It is recommended that personal and sensitive data should not be included. This template is realized to satisfy the need of publication without personal and sensitive data.

Please DO NOT SIGN this form.

Place and date: _____, _____