



Università degli Studi di Firenze

*College of Architecture
College of Engineering*

Course of Professional Development

**Wearable SmarTextiles: From Technology to Concept.
A hands on analysis of electronics in innovative textiles and prototype development.
Academic Year 2010/2011**

**To the director of the Course
Prof.ssa Paola Puma
C/o Segreteria organizzativa
Dipartimento di Architettura - Disegno, Storia, Progetto
Viale Gramsci, 42
50132 Firenze**

I, (Full Name) _____.

Tax number (if Applicable) _____ sex M F

Born in (City, State, Country) _____
the (date) _____ Citizenship _____ Nationality _____

Permanent address: _____

Zip Code _____ City _____ Province _____

Telephone _____ / _____ E-mail _____

Temporary Address _____

Zip Code _____ City _____ Province _____

Telephone _____ / _____ E-mail _____

HEREBY REQUESTS

to participate in the 2010/2011

Course of Professional Development in

Wearable SmarTextiles: From Technology to Concept. A hands on analysis of electronics in innovative textiles and prototype development.

In the following modules:

ITALIANO

- Module I:** 27-28 NOVEMBER 2010
- Module II:** 29 NOVEMBER 2010

ENGLISH

- Module I:** 13 - 14 NOVEMBER 2010
- Module II:** 15 NOVEMBER 2010

and to this end hereby
declares

1) to have completed the following degrees:

- High School Diploma or equivalent in _____
- Associates and/or Bachelors in _____
- Masters in _____
- PHD in _____

From the following Universities _____ Date:
_____ Grade: _____

or

2) To have the following professional qualifications _____ and to
be inscribed in the following professional organizations: _____

or

3) To have worked in a profession of _____
and to have completed a technical degree in _____

The candidate, informed that falsification, and the certification of erroneous data are punishable with specific criminal penalties and the loss of any benefits thus obtained (Art. 75 and 76 DPR 445/2000), states that the above data is true.

Attached:

1. Certification (form B)
2. Curriculum vitae et studiorum (Detailed Resume)
3. Photocopy of ID or personal document
4. Receipt of payment of the Registration fee

date and place _____, _____

(Candidate's signature)

This complete request, with all attachments 1, 2, 3, 4, has to be received (delivered in person or through a certified R/R mail service) by September 30, 2010 (9/30/2010) by the Department of Architecture – Disegno, Storia, Progetto, Viale Gramsci, 42 - 50132 Firenze. If mailed, the date considered will be the one of the postal stamp.

SUBSTITUTE DECLARATION OF CERTIFICATION
AND SUBSTITUTE DECLARATION OF NOTARY ACT
(In accordance with artt. 46 e 47 DPR 445/2000)

The candidate, informed that falsification, and the certification of erroneous data are punishable with specific criminal penalties and the loss of any benefits thus obtained, declares that the following data regarding them is true:

Family name _____

Name _____

Date of Birth _____

Place of Birth _____

Codice fiscale (If Applicable) _____

Citizenship _____

Permanent Address _____

Current Address _____

DECLARES

To have obtained the diploma/degree in _____ at the University of _____ in the academic year ____ / ____ with the following final evaluation _____

HEREBY DECLARES

(Specify if member of professional organization/s)

HEREBY DECLARES

the practice of the following activity _____
and of having a high school diploma in _____

Date and place _____, _____

(Candidate's signature)