

Mediterranean Agronomic Institute of Bari

C I H E A M

International Centre for Advanced Mediterranean Agronomic Studies

APPLICATION FORM

to be sent to
Istituto Agronomico Mediterraneo di Bari, Via Ceglie 9, 70010 Valenzano (BA) ITALY
Tél: +39 0804606111; Fax: +39 0804606206; www.iamb.it

Application for the academic year 200..... – 200.....

PERSONAL INFORMATION

Nationality:

Family name:..... First name:

Date of birth:..... Place of birth:

Sex: M F

Family status: Married Single

Private address:.....

.....

Country :

Tel. No.: Fax No.:

Mobile Phone No.: E-mail:

Full name and address of the person to be notified in case of emergency

.....

COURSE YOU WISH TO APPLY FOR *(Please put a cross in the correspondent box, one choice only)*

• “Master of Science” Programmes

“Land and Water Resources Management: Irrigated Agriculture”

“Integrated Pest Management of Mediterranean Fruit Tree Crops”

“Mediterranean Organic Agriculture”

• Advanced Specialized Courses

“Sustainable Agriculture”

• Short courses / Training / Stage

Please indicate the modules / the subject you want to apply for

.....

.....

• Distance Learning Courses

Please indicate the on line course you want to apply for

.....

.....

Mediterranean Agronomic Institute of Bari

EDUCATION

University Qualification: Agronomist Engineer Other (specify) :

.....

University Degree (please indicate the highest graduate degree you have obtained and enclose a copy of your diploma and a transcript of records)

.....

Other Specialization Courses (if any)

.....

EMPLOYMENT OR ACTIVITY

Institution /University/ Other.....

Current work address:

Tel. No.:..... Fax No.:.....

Present position.....

LANGUAGE KNOWLEDGE (indicate the level of knowledge)

- | | | | |
|------------------------------|-------------------------------|---------------------------------|-------------------------------|
| 1. English | <input type="checkbox"/> Good | <input type="checkbox"/> Medium | <input type="checkbox"/> Fair |
| 2. French | <input type="checkbox"/> Good | <input type="checkbox"/> Medium | <input type="checkbox"/> Fair |
| 3. Italian | <input type="checkbox"/> Good | <input type="checkbox"/> Medium | <input type="checkbox"/> Fair |
| 4. Other (specify which one) | <input type="checkbox"/> Good | <input type="checkbox"/> Medium | <input type="checkbox"/> Fair |

REFERENCES

Please indicate the name of two people, of the academic or professional sphere, able to give you a reference letter (For quickness reasons in files elaboration, it is recommended to include these letters to your application form)

Reference 1

Title, First Name, Surname:.....

Institution:.....

Reference 2

Title, First Name, Surname:.....

Institution:.....

REASONS FOR APPLYING TO THE COURSE

.....
.....
.....

ADDITIONAL RELEVANT INFORMATION

.....
.....

Mediterranean Agronomic Institute of Bari

SANITARY STATUS

- Blood group:.....
- Contracted illnesses:.....
- Allergic to:.....
- At the moment you suffer from:.....
- Running therapy:

FINANCIAL SUPPORT

Have you applied for a scholarship to any national or international organization?

Yes NO

If yes, did you receive a positive answer? YES NO

Name and address of the organization:.....
.....

Are you applying for a scholarship to CIHEAM - MAIB? YES NO

Registration Accommodation

(Priority is given to applicants from Southern and Eastern Mediterranean, and Middle East Countries)

PLEASE REMEMBER THAT:

- *The application form should be returned together with a detailed curriculum vitae and accrediting documents by mail or courier (original documents). It can be sent by e-mail or by fax if necessary.*
- *Candidatures must be complete of all required documents*
- *The application should be written in an intelligible way.*

THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE SUBMITTED ANNEXED TO THE APPLICATION FORM:

1. Certified copy of the University Degree *(translated into English or French or Italian)*
2. Certified copy of the University Transcripts *(translated into English or French or Italian)*
3. Certificate of English Language
4. References
5. Medical Certificate, attesting the health state of the candidate
6. Six (6) photos

I, THE UNDERSIGNED, DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION SUPPLIED BY ME IN THIS APPLICATION FOR CANDIDATURE IS TRUE AND COMPLETE.

DATA:.....

SIGNATURE