



Via della Montagna, 147 – 55054 Quiesa di Massarosa (Lucca) Tel. +39.327.7058066; Fax +39.0583.582326 – e-mail: contatti@silvestromarcucci.it www.silvestromarcucci.it

FORM OF REQUEST FOR PARTICIPATION

Name and Surna	ame		
Address			
Zip code	City	Province	
State			
telephone /mob	oile phone		
Fax			
0		om that one shown above:	
Zip code	City	Province	
State			
asks to participa 2009-2010.	te to the Internation	nal dissertation award "Fondazione Silvestro Marc	ucci" for the years
The doctoral the	esis, with title		
		, has been defended on	(date)
at the University	<u> </u>		
-	that I have read the or the same dissertat	e award rules and eligibility criteria and that I have tion thesis.	received no other
Date		Si	gnature

Documents attached to this request form:

- photocopy of a valid identification document
- copy of the doctoral thesis
- signed declaration confirming that the nominee has the Italian doctorate title or an equivalent foreign title
- curriculum vitae, containing telephone numbers, mail address and email