

Accademia di Mimodramma

APPLICATION FORM

To the Administrat	tion Office of the Accademia di Mimodramma: Second Cycle Professional Development Expressive Skills & Dramatic Arts Lab
I, the undersigned,	(full name)
	HEREBY REQUEST
	lace on the SECOND CYCLE PROFESSIONAL DEVELOPMENT EXPRESSIVE SKILLS of SLAB programme for the 2023 academic year.
misrepresentation i	aware that, pursuant to Arts 75 and 76 of Italian Presidential Decree no. 445/2000, and is punishable under the Criminal Code and relevant special laws and may result in forfeiture of a refrom, I declare that the personal details supplied on this application form are true and complete.
ITALIAN TAX C	ODE (compulsory)
PERSONAL DETAILS	LAST NAME
	FIRST NAME
	SEXDATE OF BIRTH (dd/mm/yyyy)//
	PLACE OF BIRTHPROVINCE
	COUNTRYNATIONALITY
PERMANENT ADDRESS	STREET

E-MAIL _____

VILLAGE/TOWN/CITY ______ POSTCODE _____

TEL (incl. country code) ______ MOBILE _____

DECLARE

	a) to have earned the following SCHOOL LEAVING CERTIFICATE (e.g. high school diploma):
	in (if applicable)
	at (name and place of the school)
	on (dd/mm/yyyy)/
	b) to have earned a UNIVERSITY DEGREE (title) in
	at (name of the university)
	on (dd/mm/yyyy)/
	or that I am enrolled in a DEGREE PROGRAMME (title) in
	at (name of the university)
	c) to have earned a FIRST CYCLE PROGRAMME – Theatre of Scores Opera and Concert Mime Actor
	Certificate in the past 10 years at
	ICRA Project Centro Internazionale di Ricerca sull'Attore • International Centre for Research on the Actor
	on (dd/mm/yyyy)/
- if yo	EMBER ou are a non-EU citizen residing abroad, you must send to formazione@icraproject.it a copy of your visa valid ne duration of the course. For information on visas please visit the dedicated website
	essential that you complete the application form as fully and accurately as possible: name, surname, date and of birth and Italian tax code). Check your e-mails regularly, especially after the application deadline.
Date_	Signature of student

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