

**To the Director of the Department
Centro Internazionale di Studi e Ricerche “Saperi del Mediterraneo”
(International Centre for Studies and Research-ICSR Mediterranean Knowledge)
Prof. Emiliana Mangone
Università degli Studi di Salerno – DISUFF
Via Giovanni Paolo II, 132
84084 Fisciano (SA)**

**director@mediterraneanknowledge.org
info@mediterraneanknowledge.org**

RE: Affiliation to the ICSR Mediterranean Knowledge Research Unit

I, the undersigned, _____ born in _____
on _____ and residing in (country, city) _____, at the following address

postcode _____ Tel. _____ Fax _____ email _____
_____ with I.D. Number/Fiscal Code _____

Position/Role _____

Area of Research/Activity _____

University/Centre _____ Faculty _____

Department _____,

REQUEST

to be affiliated to the Research Unit _____, in accordance with the
requirements of Article 4 of the Statute of the Centro Internazionale di Studi e Ricerche “Saperi del
Mediterraneo” (International Centre for Studies and Research - ICSR Mediterranean Knowledge).

Upon signing this form I, the undersigned,

DECLARE

- a) that I have read and accepted the terms and conditions stipulated in the Statute of the Centro Internazionale di Studi e Ricerche “Saperi del Mediterraneo” (International Centre for Studies and Research-ICSR Mediterranean Knowledge), which is to be considered as an integral and substantial part of this affiliation request form;
- b) that I am aware that the affiliation shall be valid only after the approval of the Research Unit and the Governing Council of the ICSR Mediterranean Knowledge in accordance with Article 4 of the Statute of the Centro Internazionale di Studi e Ricerche “Saperi del Mediterraneo” (International Centre for Studies and Research-ICSR Mediterranean Knowledge).

To this aim the Curriculum Vitae is enclosed.

Finally, I, the undersigned, give consent to the processing of my personal data for all matters relating to this application, provided it will be treated in accordance with D.Lgs. June 30, 2003, No. 196 and subsequent changes.

Place and Date _____

Signature
