SELECTION FOR ADMISSION TO THE II LEVEL UNIVERSITY PROFESSIONAL MASTER

“**Space missions science, design and applications**”

Academic Year 2025/2026

If filling in by hand, PLEASE WRITE IN CAPITAL LETTERS

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| **PERSONAL DATA** |

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| --- | --- |
| Name: |  |
| Surname: |  |

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| **UNIVERSITY EDUCATION** |

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| **OLD ORDER DEGREE** | |
| Title |  |
| Degree course |  |
| Year of graduation |  |
| Degree mark (kindly indicate the minimum and maximum possible grades in your system (e.g., 0-10, 1-5, etc.)." |  |
| Thesis title – if applicable -indicate if it is experimental |  |

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| **THREE-YEAR DEGREE /BACHELOR’S DEGREE** | |
| Title |  |
| Degree course |  |
| Year of graduation |  |
| Degree mark (kindly indicate the minimum and maximum possible grades in your system (e.g., 0-10, 1-5, etc.)." |  |
| Thesis title – if applicable -indicate if it is experimental |  |

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| **MASTER’S DEGREE /SINGLE – SECOND CYCLE DEGREE** | |
| Title |  |
| Degree course |  |
| Year of graduation |  |
| Degree mark (kindly indicate the minimum and maximum possible grades in your system (e.g., 0-10, 1-5, etc.)." |  |
| Thesis title – if applicable -indicate if it is experimental |  |

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| **OTHER MASTER’S DEGREE** | |
| Title and type |  |
| Degree course |  |
| Year of graduation |  |
| Degree mark – if applicable |  |

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| **POST-GRADUATE UNIVERSITY TRAINING** |

|  |  |
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| **PH.D.** | |
| Title |  |
| Year of graduation |  |
| **UNIVERSITY MASTER** | |
| Title1 |  |
| Name of the University that established the Master and year of achievement |  |
| Title2 |  |
| Name of the university that established the Master and year of achievement |  |

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| **HIGHER EDUCATION UNIVERSITY COURSES or TRAINING UNIVERSITY COURSES (EUROPEAN AND AMERICAN COLLEGES INCLUDED)** | |
| Title1 |  |
| Name of the university that established the Master and year of achievement |  |
| Title2 |  |
| Name of the university that established the Master and year of achievement |  |
| Title3 |  |
| Name of the university that established the Master and year of achievement |  |
| Title4 |  |
| Name of the university that established the Master and year of achievement |  |

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| **RELEVANT PUBLICATIONS**  **(For each publication specify: authors and co-authors, publication title, type - article etc - where it was published, year of publication)** | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

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| **PARTICIPATION IN SEMINARS, CONFERENCES AND NON-UNIVERSITY COURSES**  **(for each initiative, please, indicate: title, duration and year of attendance)** | |
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| 3 |  |
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| 5 |  |

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| **PREVIOUS OR CURRENT PROFESSIONAL EXPERIENCES**  **(indicate only professional experiences, including any training placements, consistent with the Master's topics)**  **For each professional experience specify:**   * **Employer** * **Start and end date of the professional experience** * **Main activities carried out** | |
| 1 |  |
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| 3 |  |
| 4 |  |

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| **OTHER TITLES OR PROFESSIONAL EXPERIENCES**  **(indicate additional information that the candidate considers useful for the Commission’s evaluation)** | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

*I authorize the treatment of my personal data according to the law 196/2003.*

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| Date |  |  | Signarure |  |