

Application for a teaching assi	gnment for the A.Y.				
To the Dean of the School					
of I:					
Last name	First	name		Registration :	
Date of birth (dd/mm/yyyy)	Municipality (or foreign countr	y) of birth		Province	
Tax code		Foreign identification	tion code		
Address of residence			Telephone		
Municipality (or Foreign country) of re	esidence	Postcode	Province		
Fiscal domicile (only if differen	nt from residence)				
Address	it from residence)		Telephone		
Municipality (or Foreign country) of re	esidence	Postcode	Province		
Email		Mobile			
Title		Applicable Science-Discipline Sector			
Full Professor Associate Pro	ofessor Researcher				
at this School	at another School of this Uni	iversity	at another University		
Hereby apply for the teaching assignme	ent addressed by the call of		for the course below:		
Course details					
Course name:					
Science-Discipline Sector:					
Discipline:					
Course type: ECTS:					
2010.					
Details of assignment					
School:					
Location:					
Period:					
Study programmes / section:					
ECTS granted:					

Signat p. 1/2

POLITECNICO DI MILANO Assignment no.:



I have submitted other applications, for the same a.y., for the assignments below: • at this University: School: at another University: Faculty: University: University: Faculty: University: Lundertake to notify the Dean's Office above of any future change. • I undertake to enter all data required in the University's computer system, where requested by the School (receiving hours, detailed teaching programme, lecture registry, exam results). • I undertake to provide the Dean's Office above • 15 days after the end of all lessons, practical exercises and laboratories established by the assignment, with the corresponding registries filled out on-line, printed and duly signed. • with any statement as to changes in the personal data reported above, within 15 days of such change. For Professors from another University only University: School	• 1	apply for the assignment:							
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	Pursua	ant to Lgs. D. no. 196/2003, I authorise the processing of my personal data.							
	Date								
		Signature							

POLITECNICO DI MILANO

Assignment no.:



For the Dean's Office only Date of commencement of assignment (if other than 1 November)			
Project Number/Project Group Number of:	Approved		Not Approved