

Personal information	PLANNING AND MANAGEMENT OF TOURISM SYSTEMS Application for assessment of minimum curricular requirements and of adequate personal knowledge. Foreign student with a non-Italian educational qualification. FAMILY NAME..... FIRST NAME..... PLACE OF BIRTH (place and country) DATE OF BIRTH..... NATIONALITY..... ADDRESS..... TOWN..... COUNTRY..... MOBILE PHONE..... E-MAIL..... SKYPE ADDRESS.....
Secondary school diploma	SECONDARY SCHOOL DIPLOMA (name of certificate obtained): YEARS OF SCHOOL ATTENDANCE.....
Foreign university degrees/certification of higher education	UNIVERSITY DEPARTMENT..... NAME OF COURSE..... DATE OF DEGREE..... FINAL GRADUATION LEGAL DURATION OF THE DEGREE.....

SURNAME NAME

PART B

For the following Scientific Areas please list the courses you attended in your career.

Major Areas of study	Disciplines accomplished	ECTS (credits) if available	Years of study	Hours per year of study	Notes (to be filled by the academic board)
Foreign languages and translation	1..... 2..... 3..... 4.....				
Social, territorial, economic, management fields (Geography, Economics, Sociology, Law, Marketing, Management)	1..... 2..... 3..... 4.....				
Artistic, cultural and literary fields (Arts, Anthropology, Foreign Literatures, History and Philology)	1..... 2..... 3..... 4.....				

SURNAME NAME

PART B

Please list other training/ extra-curricular activities, including non-university activities (professional training courses, seminars, internships, jobs)

To be completed by the student

Description	Hosting organization	Date	Hours	Notes be completed by the academic board

PART C

Please list your English Language qualification (see the attached document “Recognized certificate”)

English language certificate	Certifying Body	Exam date	Score/level attained

SURNAME NAME