POLITECNICO DI MILANO

Application for a teaching assignment for the A.Y.

To the Dean of the School

of I:

Last name

First name

Registration no.

Date of birth (dd/mm/yyyy)

Municipality (or foreign country) of birth

Province

Tax code

Foreign identification code

Address of residence

Telephone

Municipality (or Foreign country) of residence

Postcode

Province

Fiscal domicile (only if different from residence)

Address

Telephone

Municipality (or Foreign country) of residence

Postcode

Province

Email

Mobile

Title

☐ Full Professor   ☐ Associate Professor   ☐ Researcher

Applicable Science-Discipline Sector

☐ at this School   ☐ at another School of this University   ☐ at another University

Hereby apply for the teaching assignment addressed by the call of [   ] for the course below:

Course details	
Course name:	
Science-Discipline Sector:	
Discipline:	
Course type:	
ECTS:	

Details of assignment	
School:	
Location:	
Period:	
Study programmes / section:	
ECTS granted:	

- I apply for the assignment:
  - ☐ for free
  - ☐ for consideration

- I have submitted other applications, for the same a.y., for the assignments below:
  - at this University:
    School:
    _____
  - School:
    _____

  at another University:
  Faculty:
  _____University:_____
  Faculty:
  _____University:_____

  I undertake 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 : _____

I declare I applied to my School for the Authorisation required (copy attached hereto)

on ☐☐☐☐☐☐☐☐

N.B.: The teaching assignment will be granted upon prior receipt of the Authorisation from the other University.

I declare that: a specific
☐
☐ agreement between
    the University I belong
    to and the Politecnico

	COD	CIN	ABI	CAB (branch)	Current Account Number
☐ payment to current					

Bank and Branch no.

Address,

☐ dispatch of a non-transferable cheque to

Pursuant to Lgs. D. no. 196/2003, I authorise the processing of my personal data.

Date   _____
_____   Signature

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