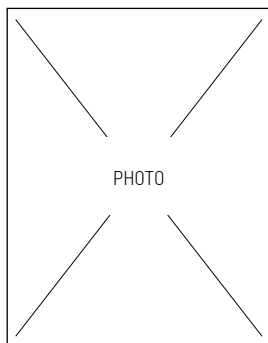


M A — DE Program

Accademia
di Belle Arti
Rosario Gagliardi
Siracusa

APPLICATION FOR ADMISSION TO THE FIRST YEAR OF THE THREE-YEAR DEGREE PROGRAM ACADEMIC YEAR 2017/18



The undersigned _____
Born on _____ in _____ province/region _____
Resident in (town/city) _____ province/region _____ Country _____
Street address _____ postal code _____
Telephone _____ Email address: _____
Domicile (if different from residence) _____
Secondary school diploma or university degree _____ awarded by (school/university) _____
date _____ mark _____

All the documents shall be sent to:

info@madeprogram.it
(digital file)

or to:

MADE Program
Accademia di Belle Arti
Legalmente Riconosciuta
"Rosario Gagliardi"

Via Cairoli, 20
96100 Siracusa

HEREBY MAKES APPLICATION FOR ADMISSION TO THE 1ST YEAR OF THE COURSE IN:

- Design MAN MADE
 Visual Arts

of the "Rosario Gagliardi" Academy of Fine Arts for the academic year _____ / _____

For this purpose I declare that I hold a diploma/university degree _____

awarded by (secondary school, university) _____ in (year) _____

ATTACH TO THIS FORM:

- Personal statement of reasons for enrollment (max 1 typed page)
 Copy of the diploma/degree
 Birth certificate
 Curriculum Vitae (max. 2 typed pages)
 Artistic or professional portfolio
 Photocopy of identification / passport
 Photocopy of Taxpayer Identification Number
 Two passport photos (attach one photo in box above)

An appointment for an interview will be scheduled within one week of receipt of all required documents.

Date _____

Signature of Applicant

MADE Program
Accademia di Belle Arti
Legalmente Riconosciuta "Rosario Gagliardi"
Via Cairoli, 20 - 96100 Siracusa

Contacts
Phone number +39 (0)931 21908
Email: info@madeprogram.it