



POLITECNICO
MILANO 1863

DIPARTIMENTO DI
ARCHITETTURA E
STUDI URBANI

Incoming Visiting Professors Preliminary Form

NAME	
SURNAME	
MARITAL STATUS	
BIRTH DATE	
BIRTH COUNTRY	
BIRTH PROVINCE/ STATE	
BIRTH TOWN	
CITIZENSHIP	
HOME COUNTRY	
HOME TOWN	
HOME ADDRESS	
UNIVERSITY OF ORIGIN	
UNIVERSITY ADDRESS	
QUALIFICATION	
ID TYPE	
NUMBER	
ISSUED BY	
ISSUE DATE	
EXPIRING DATE	

HIGHEST STUDY DEGREE	
AWARDED BY	
DATE (day-month- year)	

2. Date of your coming to Italy

Date of your departure