Workshop “Project Ventotene” (September 2024)

**Student Form**

First name and last name: ……………

Place and year of birth: ……………

Registration number (matricola): ……………

Iuav email: ……………

Study programme: ……………

Year of study: ……………

*(example: MA in architecture – 1st year)*

Level of language proficiency

English: mother tongue / excellent / good / intermediate / basic / zero

Italian: mother tongue / excellent / good / intermediate / basic / zero

Other languages: ……………

Previous study degrees and other relevant experiences: ……………

I am interested in attending this workshop because ……………

*(brief motivation – 2 sentences maximum)*

Optional notes or additional information: ……………