## CENTER FOR MULTIMEDIA DISTANCE LEARNING

## **APPLICATION FORM**

The undersigned				
APPLICANT DETAILS				
Surname		Name		
Date of Birth	Sex	Tax code		
Town/City of Birth		Province		
Address (Street, square)			House number	
Town/City		Province	Post Code	
Phone no.	Mobile no.	email		
Current employer			Role	
Department			Scientific Sector	
Indicates his/her interest in licencing the right for this work to be used in accordance to the Law 633 of 22/04/1941 ss.mm.ii. on the Federica platforms.				
MOOC TYPE				
Title of work				

Mail: federicaweblearning@unina.it PEC: federicaweblearning@pec.unina.it



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Description of work	
Outline of work	
copy of the comp specifications laid	d, agree to consult the guidelines for the publication of material on the Federica platforms and to submit a digital plete work, correct and ready for publication on the Federica platforms in accordance with the time- frame and d down in the guidelines.
Please find enclo	sed an updated CV and list of publications.  READ, CONFIRMED AND UNDERSIGNED
	C'ence Access
	Signature
	d, aware that making false declarations is punishable by law in accordance with art. 76 of D.P.R. (Decree from ublic) 28 December 2000, do hereby sign to the authenticity of this, my application, and the attached copy of my nt.
Date	
	Signature
application and w	Declaration in line with art. 13 del D.lgs 196 del 2003: personal data is collected for the purpose of the above will be used exclusively for this purpose, and, anyway, for academic activity on the part of the University of Naples older of the data. The rights of applicants are covered by the art. 13 of the D.lgs 196 del 2003.

Signature .....