

VIVARII NOVI SCHOLAE AESTIVAE
Accademia Vivarium Novum Summer School of Latin 2012
Rome, June 25th to August 18th

- Please submit to info@vivariumnovum.net
- Deadline of submission: April 30th, 2012

Section 1: PERSONAL DETAILS

Family name/Last name:

(This is the name under which your file will be registered)

Given name/First name:

Title:

Male:

Female:

Date of birth:

Nationality:

Address:

E-Mail address:

Telephone number (home):

(With international code)

Fax number:

(With international code)

Telephone number (work):

(With international code)

Section 2: ACADEMIC AND LABORAL INFORMATION

University/Faculty:

Current occupation:

Section 3: SCHOLAE AESTIVAE

Please indicate the module you hope to attend.

Module I: **Module II:** **Module III (1st month):** **Module IV (2nd month):**

Section 4: DISCLAIMER

By sending this application form, I declare to agree with the *Accademia Vivarium Novum* rules and policies both for the Summer School and for the Life on Campus.

Date and place: