

APPLICATION FORM

Master in Hospitality and Hotel Management

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| 1. FAMILY NAME (CAPITAL LETTERS): | 2. FIRST NAME(S) (CAPITAL LETTERS): |
| 3. COUNTRY OF CITIZENSHIP: | 4. SEX: MALE _ FEMALE |
| 5. PLACE OF BIRTH: | 6. DATE OF BIRTH: DAY:..... MONTH:..... YEAR:..... |
| 7. ADDRESS FOR CORRESPONDENCE: Telephone No.: Fax No.: E-Mail address: | 8. PERMANENT ADDRESS (if different): |
| 9. One of the criteria for the award of the scholarships is that applicants should demonstrate their potential within the hospitality business sector. Please give an outline of your future career plans or intentions, and comment on ways in which you fulfill this criterion: | |

**10. PERSON TO BE CONTACTED IN YOUR HOME
COUNTRY IN CASE OF EMERGENCY:**

Name:
Address:
Telephone number:
Relationship to you:

11. Where did you first hear about the Italian Chamber of Commerce for the UK Master in Hospitality and Management?

I certify that the information contained in this form is correct and no relevant facts have been omitted. I understand that information provided on this form will be held on the Italian Chamber of Commerce and Industry for the UK administrative computer system for the purposes of student administration, subject to the provisions of the Data Protection Act (1998). I agree that this application form, academic transcripts, dissertation summary and references may be passed to third parties involved in the organization of the Master in Hospitality and Management.

Signature: Date:.....

Please send all forms required by fax (0044 207 495 8194) or by email to master@italchamind.org.uk