

## Application Form

For Cooperative Education Program at University of Padova, Italy

Person Information (dateline June 25<sup>th</sup>, 2025)

photo

Name(Mr./Ms.).....Surname.....

Date of Birth (dd/mm/yy).....Age.....

Student ID Number..... Faculty .....

Major.....☐Regular Program ☐Special Program : Year.....

Contact Address.....

Mobile phone number..... E-mail address .....

Name and phone number of the person in emergency.....

.....

## Information and Document

I, (Mr./Ms.).....

am not availing any other scholarship for this purpose from any other source.

The following documents are enclosed.

☐ Application form

☐ Resume

☐ Copy of Transcripts

If I obtain this grant, I agree to attend/help faculty at least 80% of all activity. **And**

**I understand that it is a partial supporting grant.**

Applicate Signature .....

(.....)

Date...../...../.....

## Recommendation from Advisor

I, (Name).....Position.....

agree to grant permission for (applicant's name).....

to apply for this exchange program and assure that he/she has good English

proficiency and his/her selected courses plans have been already approved.

Signature.....

(.....)

Date...../...../.....