**International Workshop on Digital 3D Cultural Heritage**

**4-11 September 2024, Porto, Portugal**

**Application Form**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname |  |
| First name |  |
| Date of birth |  |
| Address |  |
| e-mail |  |
| Telephone number |  |
| Gender |  |
| Year |  |
| English level |  |
| Average grade (of all the exams passed to date) |  |
| Grade of “LABORATORIO DI DISEGNO DELL'ARCHITETTURA (C.I.)” |  |

**APPLICANTS SIGNATURE**

To the best of my knowledge the information on this application is accurate and complete.

REGULATION (EU) 2016/679: I agree to CoVHer Project processing personal data contained on this form or any other data which CoVHer Project may obtain from me or other people or organizations whilst I am applying for admission. I agree to the processing of such data for any purpose connected with my studies or my health and safety whilst on Workshop or for any other legitimate purpose.

Name ..............................................................................................

Signature ........................................................................................

Date ................................................................................................