



ANGELICVM
ROMA
PONTIFICIA UNIVERSITÀ S. TOMMASO D'AQUINO



Photo

Registration N.
 Acad. Year 20...../20..... Codice Fiscale

Last Name.....
 First Name

Date of Birth (dd).....(mm).....(yyyy)..... City of Birth

State/Prov..... Country.....
 Nationality.....
 Diocese/Order.....
 Initials of religious institute Ecclesiastical Status *.....
 Academic degree(s) or certificates.....
 Address in Italy: Postal Code.....
 Street.....n..... Phone.....
 Collegio

Home address: Street.....n..... Phone.....
 City.....State/Prov..... Postal Code

Country.....
 Ecclesiastical Letter of Recommendation from.....
 Academic Letter of Recommendation from.....
 Date of Registration.....Dept.....
 Cycle.....Year.....

 Student's E-mail Student's Mobile

.....
 Student's Signature Segretario Generale

* Diocesan Priest= SD; Religious Priest= SR; Diocesan Seminarian= CD; Religious / Seminarian = CR; Nun or Sister = SOR; Laywoman = LCA; Layman = LCO.

APPROVAL OF SUPERIOR

I affirm that the student named above, living *at the above address*, has the permission of his/her Ordinary/Superior or Bishop to register in the department and program listed.

Date

.....
Signature

Stamp

To the Rector of the Pontificia Università S. Tommaso d'Aquino

I, the undersigned _____ (First Name, Last Name),
by applying to the Faculty of _____ for postdoctoral research, hereby
commit:

- * To discuss my proposed research with the Dean / Preside
- * To work under the supervision of _____ (professor assigned as mentor);
- * To accept peer review from other Professors of the PUST designated by the Dean / Preside or Mentor.
- * To ensure that research does not contradict the Mission and Vision Statements of the PUST.
- * To abide by all norms of the PUST, including the Code of Academic Conduct and Norms for Sexual Harassment.

Sincerely,

Date

Name and Signature _____