**Incoming Visiting Professors**

**Preliminary Evaluation Form**

|  |  |
| --- | --- |
| **NAME** |  |
| **SURNAME** |  |
| **MARITAL STATUS** |  |
| **BIRTH DATE** |  |
| **BIRTH COUNTRY** |  |
| **BIRTH PROVINCE/STATE** |  |
| **BIRTH TOWN** |  |
| **CITIZENSHIP** |  |
| **HOME COUNTRY** |  |
| **HOME TOWN** |  |
| **HOME ADDRESS** |  |
|  | |
| **University of Origin** |  |
| **University address** |  |
| **Qualification** |  |
|  | |
| **ID TYPE** |  |
| **NUMBER** |  |
| **ISSUED BY** |  |
| **ISSUE DATE** |  |
| **EXPIRING DATE** |  |

|  |  |
| --- | --- |
| **HIGHEST STUDY DEGREE** |  |
| **AWARDED BY** |  |
| **DATE (day-month-year)** |  |

**Please attach a pdf with scanned copy of your ID/passport**

I authorize the processing of data pursuant to GDPR 2016/679 of 27 April 2016 (European Regulation concerning the protection of individuals with regard to the processing of personal data).

**Date .**

**Signature** .

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The provision of the personal data is necessary for the stipulation of the contract, the failure to provide such data may preclude the stipulation. Further data may be requested for the aforementioned purposes only.

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Responsible for processing: the Human Resources and Organization Manager.