



ENROLMENT FORM FOR COURSES OF SPECIALIZATION FOR FOREIGNERS

THE "GASPARE SPONTINI" MUSIC SCHOOL

(Autorizz. Min. 12/9/57 – Presa d'atto Min. 4/2/89)

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	Surname
	Name
	Place and date of birth
	E-mail address
	Phone number
I hereby request to register in a specialization course in Doctorate of Specialization in Music Art	
Chosen Teacher	Academic year /
Please attach to the enrolment form:	
•	Photocopy of a form of identification
•	Photocopy of academic certifications
•	List of musical pieces chosen for the course

Signing the enrolment form the candidate declares to have read and understood the rules concerning courses for foreign students and undertakes to comply without reserve to the rules set by the school and the particular organization of the courses as well as the economic aspect relative to the courses.

Date

Yours faithfully