**STATEMENT OF PURPOSE**

Place and date:……………………………………….

**To Phd Director**

**Università Carlo Cattaneo LIUC**

**C.so Matteotti 22**

**20153 CASTELLANZA VA**

Short description of your motivation for enrollment in LIUC Phd program:

…………………………

Short description of your research interest:

…………………………

Short description of your professional goals:

…………………………

Professors/work groups you have already collaborated with (if any):

…………………………

Handwritten signature

Printed name

Academic or Institutional Title

Postal address

Website, Email, telephone number