

Affidavit Self-declaration
(Art. 47 D.P.R. 28th December 2000, n.445)

The undersigned

Surname _____ Name _____
Place of birth _____ Date of birth _____
Residing in _____ Province/State _____
Address _____ n. _____ Postal code _____
Mobile phone _____ e-mail: _____

Aware of criminal sanctions in case of false declarations, of manufacturing/use of false documents, as per art. 76 of D.P.R. n.445 of 28th December 2000

DECLARES:

☐ Not to be simultaneously enrolled to other Degree Courses of this University or any other Italian or foreign University, or AFAM Institute

☐ To be simultaneously enrolled for A.Y. _____ at the University/AFAM Institute of _____ at year _____ of the following Degree Course:

- ☐ Bachelor's Degree in _____ Class _____
- ☐ Single-cycle/ Master's Degree in _____ Class _____
- ☐ Master in _____
- ☐ P.h.D. in _____
- ☐ AFAM Course in _____
- ☐ Postgraduate school:
Medical, in _____
not Medical, in _____

The Undersigned also declares that the *attendance* to the abovementioned course is:

- ☐ *Mandatory* ☐ *Not mandatory* ☐ *Mandatory for lab activities and internship only*

The Undersigned also commits to promptly communicate any change related to the simultaneous enrolment to this or other Universities, in Italy and/or abroad.

Furthermore, in order to access the benefits expected in relation to the right to study, the Undersigned selects as the main reference venue the one related to the Degree Course in

_____ at the University of _____

I also declare to be informed that personal data collected will be treated, also through IT tools, strictly within the range of the procedure for which the current declaration is given, as stated in D. lgs. 196/2003, as well as the following edits brought by D. lgs. 101/2018, and by GDPR – EU Rule 679/2016

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(place and date)

Signature

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