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

The undersigned		
Surname		Name
		Date of birth
Residing in		Province/State
Address		nPostal code
		e-mail:
Aware of criminal sancti D.P.R. n.445 of 28 th Dec		of manufacturing/use of false documents, as per art. 76 of
D.P.K. n.443 01 28 Dec		LARES:
other Italian or fore □ To be simultane	eign University, or AFAN ously enrolled for A.Y.	at the University/AFAM Institute
OI	at year _	of the following Degree Course:
□ Bachelor's Deg	ree in	Class
		Class
□ P.h.D. in		
□ AFAM Course	in	
□ Postgraduate sc		
Medical, in _		
not Medical,	in	
		dance to the abovementioned course is:
□ Mandatory	□ Not mandatory	□ Mandatory for lab activities and internship only
	commits to promptly communisities, in Italy and/or abroad.	nicate any change related to the simultaneous enrolment
	to access the benefits expected venue the one related to the De	d in relation to the right to study, the Undersigned selects egree Course in
at the University of		
the range of the proceed	dure for which the current dec	ected will be treated, also through IT tools, strictly within laration is given, as stated in D. lgs. 196/2003, as well as by GDPR – EU Rule 679/2016
(place and da	te)	
		Signature