

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

The undersigned
Surname _____ Name _____

Place of birth _____ Date of birth _____

Address _____ City _____

Province/State _____ 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 University, in Italian or Abroad.

To be simultaneously enrolled for A.Y. _____
At the University of _____
at the _____ year of the following Degree Course:

Bachelor's Degree in _____ Class _____

Single-cycle/ Master's Degree in _____ Class _____

Master in _____

P.h.D. 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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