

APPLICATION TO ENROL IN A SPECIALIST MASTER COURSE

TO THE DEAN OF THE UNIVERSITY OF PIEMONTE ORIENTALE "AMEDEO AVOGADRO"

ID number

(For completion by the Professional Master's desk)

Tax code

I the undersigned (complete name) _____

(complete last name) _____ M F

Born on the _____ in _____

Province/Nation of birth _____

Nationality _____

RESIDENCE

(complete address) _____

Town _____ postal

code (if in Italy) _____ Province/Nation. _____

Mobile phone (specify if the number is Italian or foreign) _____

DOMICILE

(Please fill only if different from your permanent/ residence address)

(complete address) _____

Town _____ postal code (if

in Italy) _____ Province/Nation. _____

Having a : Degree Master's degree obtained at the University _____

Academic year _____ / _____ date _____ final grade _____

REQUEST

to be to be enrolled in the Specialist Master's degree in _____



Offered by the Humanities Department (DISUM) for the academic year _____/_____

The required documentation and duly signed privacy policy are in attachment.

Place and date _____

Signature _____

SELF- CERTIFICATION AND SUBSTITUTIVE DECLARATION OF AFFIDAVIT

(Pursuant to D.P.R. No. 445 of 28 December 2000)

(To be completed only in case of possession of an Italian Academic qualification)

Il/La sottoscritto/a _____

nato/a a _____ Prov./nazione _____

il _____ residente in Via/Corso/Piazza _____

_____ C.A.P. _____ Città _____ Prov. _____

a conoscenza delle sanzioni penali previste in caso di dichiarazioni mendaci, falsità negli atti ed uso degli atti falsi, ai sensi dell'art. 76 del D.P.R. 28 dicembre 2000, n. 445 e sotto la propria responsabilità,

DICHIARA

Di avere conseguito il titolo accademico _____

_____ presso l'Università di _____

nell'anno accademico _____ / _____ con la votazione _____

classe delle Lauree _____ Anno accademico di prima immatricolazione in

Italia _____ presso l'Università _____

Luogo e Data _____ Firma _____

Foto

Passport photo

Timbro e firma del Funzionario
