

**SELF-CERTIFICATION OF ADMISSION
REQUIREMENTS
OF UNIVERSITY MASTER PROGRAMMES AND
LIST OF QUALIFICATIONS PRESENTED FOR
ADMISSION**

SELF-DECLARATION FORM

pursuant to articles 46 and 47 D.P.R. 28 dicembre 2000 n. 445

To the Direction of the Master Programme in _____

I, the undersigned _____

born in _____ (____) on _____

residing in _____ County _____

address _____ Country _____

phone _____ mobile phone _____ email _____

aware of the loss of benefits potentially obtained at the emission of the provision and liabilities applied in case of false declaration as stated by articles 75 and 76 of D.P.R. 28/12/2000, n. 445, under my own responsibility, **for the purpose of the admission at the Master Programmes**

DECLARE

- to have completed the on-line procedure at the University of Trieste for the admission to

I LEVEL MASTER IN

II LEVEL MASTER IN

- to have earned ^(*) _____ in _____

CLASS (to be indicated only if the title has been earned pursuant the Italian L. 509/99 or L. 270/04) _____

^(*) Bachelor's Degree, Master's Degree, Specialist Degree, Three year degree, equivalent qualifications

at the University _____ on _____

Academic year _____ with the final grade _____/ _____

MOREOVER DECLARE

to have the requirements requested for the admission to the abovementioned Master Programme as stated by article n. 1 of the "Information sheet of the activation of Masters Programmes for the academic Year 2023/2024" and of the Didactic Regulation of each Master Programme.

FOR THE PURPOSE OF EVALUATION FOR THE ADMISSION TO THE MASTER PROGRAMME, ATTACH THE FOLLOWING DOCUMENTATION

(please number the attachments progressively):

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Self-declaration affidavit

I, the undersigned, declare, pursuant to and in accordance with the article 47 of *T.U. dd. 28 dicembre 2000* and further modifications that the copies attached to this form are true and faithful copies of the originals.

THE UNIVERSITY OFFICES CAN ORDER, IN EVERY MOMENT, WITH AN EXPLAINED MEASURE, THE EXCLUSION FOR DEFICIENCY OF THE FORESEEN REQUIREMENTS.

ATTACHEMENTS: valid identity document

Date _____

Signature _____