|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **The undersigned**  *(surname, name)* | | |  | | | |
| **born in** *(town)* | |  | | **on** *(dd/mm/yyyy)* | |  |
| **Country** |  | | | **Citizenship** |  | |

aware of any penalties established by the Criminal Code in the event of any false statements and misleading declarations

DECLARES

to have earned the following foreign academic qualification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

valid for enrolment for the Postgraduate Master Programme in: “ICT for Development in the Mediterranean Area”.

*List only the degree obtained that is propaedeutic for admission to the Specialist Master’s Programme*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **type of programme**  *(indicate the degree name as it appears on the*  *certificate ex. bachelor, master, maitrise,*  *licenciatura, etc.)* | | | | |  | | | | | |
| **name of the programme** | | |  | | | | | | | |
| **Duration**  *(n° of years)* | |  | | **earned on date** *(dd/mm/yyyy\*)* | |  | **with the final mark/evaluation** | |  | |
| **University** |  | | | | | | **Country** |  | | |
| **Schooling years preceding the awarding of the above-mentioned qualification** *(from primary school)* | | | | | | | | | |  |

*(\*)* In case of absence of the date of the qualification awarding, please indicate the date of the last exam.

Pursuant to article 13 of the Legislative Decree No 196 dated 30th June 2003, the undersigned also declares that he/she has been informed that any personal data herein contained will be exclusively processed, even by electronic means, within the procedure this declaration is made for.

**Date** *(dd/mm/yyyy)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Declarant’s signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This declaration substitutes, to all intents and purposes, the standard certificate requested by or destined for public administration as well as public utilities and private individuals. The signature shall not be attested, nor shall the declaration necessarily be signed in the presence of an employee of the Institution requesting the certificate. Copy of the identity document shall be enclosed instead of the attested signature.

This declaration will be valid for 6 months (article 41 of D.P.R. No 445/2000); should the documents substituted have a longer validity, the declaration will accordingly have the same validity as them. Such declaration may be transmitted by fax or any other electronic means (article 38 of D.P.R. No 445/2000). Non-acceptance of this declaration constitutes infringement of official duties (article 74 paragraph 1 of D.P.R. No 445/2000). No tax stamp is required pursuant to article 37 of D.P.R. No 445/2000.

To the Dean

Of the Università per Stranieri “Dante Alighieri” of Reggio Calabria

Via del Torrione 95

89125 REGGIO CALABRIA

The Undersigned: ……………….……………………………………………………………………………………………….. Place of birth: ..................................................……..…...……………… Date of birth …………………………………..… Permanent address: …….....………………………………………………………………………. ZIP code: …………………. City: ……………………………………………………………………………………… Country ……………………………. Phone number: ………………………….. e-mail ……………………………………………………

REQUESTS

To be admitted to the selection process for the Postgraduate Master Degree Program in “ICT for Development in the Mediterranean Area” for the academic year 2013/14

To this aim, he/she declares:

1. To have the following citizeship: …………………………………………………………………….;
2. To live at the present address (*only if different from the permanet address*)

………………………………..……………………………………………………………………………………… ZIP code: ………………… City: …………………………………………………… Country ……………………. Phone number: …………………………………………………….. being formally responsible for communicating any change;

1. To have the following University degree: ……………………….…………………………………………………... and have graduated from the University …………………………………………………………………………... Date ………………………………………. Grade ………………;
2. To have additional degrees (*please fill a separate list with only the following degrees: PHD, Fellowship, Master’s degree and Master of Advanced Studies*);

In attachement:

1. Attachment A – SUBSTITUTE DECLARATION CERTIFYING THE POSSESSION
2. OF AN ACADEMIC QUALIFICATION;
3. Curriculum Vitae;
4. Detailed list of additional academic degrees.

Date ……………………… Signature ……………………………

N.B.: This declaration substitutes, to all intents and purposes, the standard certificate requested by or destined for public administration as well as public utilities and private individuals. The signature shall not be attested, nor shall the declaration necessarily be signed in the presence of an employee of the Institution requesting the certificate. Copy of the identity document shall be enclosed instead of the attested signature. This declaration will be valid for 6 months (article 41 of D.P.R. No 445/2000); should the documents substituted have a longer validity, the declaration will accordingly have the same validity as them. Such declaration may be transmitted by fax or any other electronic means (article 38 of D.P.R. No 445/2000). Non-acceptance of this declaration constitutes infringement of official duties (article 74 paragraph 1 of D.P.R. No 445/2000). No tax stamp is required pursuant to article 37 of D.P.R. No 445/2000.

Date ……………………… Signature ……………………………