**Al Politecnico di Bari**

**SELF – DECLARARATION**

**(DICHIARAZIONE SOSTITUTIVA DI CERTIFICAZIONE)**

**QUALIFICATION FOREIGN DEGREE AND EXAMS**

 (according to art.45 46 and art.19 of D.P.R. n. 445/2000)

I, the undersigned (Surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of birth (Town/State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent residence address (number/street/town/postal code/Country)

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

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

aware of the consequences of making false statements, falsehood of acts and use of false facts, punishable by law according to art. 76 D.P.R. n. 445/2000 and art. 496 of the Italian Penal Code, under my own responsibility

**DECLARE**

**A) to be graduated in:**

[ ]  **Specialist Degree - Laurea specialistica/magistrale in:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Course name/Denominazione Corso di Laurea) **della classe: \_\_\_\_**

[ ]  **II Level Degree - Titolo accademico di secondo livello in:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **Foreign degree (Master’s degree, Master of Science, other) in:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On -in data \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**at University -presso l’Università di \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**with final mark - con punti \_\_\_\_\_\_\_\_\_\_\_ on -su \_\_\_\_\_ (cum laude/ with distinction/ lode) SI NO**

**Legal duration course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Years.**

**or - in alternativa:**

**B) to be graduating by 31.10.2016 - DI ESSERE LAUREANDO e consapevole che l’ammissione al concorso è subordinata al conseguimento del titolo entro la scadenza prevista dal bando:**

[ ]  **Specialist Degree - Laurea specialistica/magistrale in:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Course name - Denominazione Corso di Laurea) **della classe: \_\_\_\_**

[ ]  **II Level Degree - Titolo accademico di secondo livello in:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **Foreign Degree - Titolo accademico estero (Master’s degree, Master of Science, other ) in:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**At University – presso l’Università di \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal duration course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Years.**

**AND DECLARE - DICHIARA INOLTRE**

(obbligatory)

**TO HAVE PASSED THE FOLLOWING EXAMS - DI AVER SUPERATO I SEGUENTI ESAMI E/O LE SEGUENTI ATTIVITÀ FORMATIVE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exam (name)** | **Settore****scientifico****disciplinare****S.S.D. *if available*** | **CFU (ECTS)** ***if available***  | **Mark/on****(su 30** **o su \_\_ )** | **Date** |
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**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature [[1]](#footnote-1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **.** **self-certifications must be signed by the candidate and accompanied by a photocopy of each face of a valid pictured identity.** [↑](#footnote-ref-1)