

**ANNEX 3 - SELF-CERTIFICATION OF POSSESSION OF CURRICULAR REQUIREMENTS
FOR ADMISSION TO MASTER'S DEGREE PROGRAMMES**

I, the undersigned

born in () on

citizenship , residing in ()

at street/address No. phone

e-mail

aware that, in the event of false declarations or declarations containing information that is not true, the sanctions referred to in Article 76 of Italian Presidential Decree No. 445/2000 shall apply; under my own responsibility, pursuant to Article 46 of Italian Presidential Decree No. 445/2000 (self-certification declaration),

DECLARES

that I meet the curricular requirements for admission to the Master's Degree Programme in

(Class), as provided by the teaching regulations of the degree programme

for academic year / and specifically:

a) that I hold a degree in

(class), awarded on with grade /

by the University of

b) that, within the study programme referred to under letter a), I have passed the following exams/modules demonstrating possession of the above curricular requirements:

| No. | Date | Exam / module / activity | SSD / subject area | Grade | CFU / credits | Teaching hours |
|-----|----------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

b) Exams/modules continued - rows 5-29

| No. | Date | Exam / module / activity | SSD / subject area | Grade | CFU / credits | Teaching hours |
|-----|------|--------------------------|--------------------|-------|---------------|----------------|
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b) Exams/modules continued - rows 30-40

| No. | Date | Exam / module / activity | SSD / subject area | Grade | CFU / credits | Teaching hours |
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OR

c) that I have completed, in another way (please specify which), the following exams/modules or activities demonstrating possession of the same curricular requirements:

| No. | Date | Exam / module / activity | SSD / subject area | Grade | CFU / credits | Teaching hours |
|-----|------|--------------------------|--------------------|-------|---------------|----------------|
| 1 | | | | | | |
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Use additional continuation pages if more rows are needed.

/
 Place Date Legible signature

Note: attach a copy of a valid identity document.