

SELF-DECLARATION IN SUBSTITUTION OF ATTESTED AFFIDAVIT
NOTICE FOR PARTICIPATING IN THE CALL FOR THE TRANSFER PROCEDURE REGARDING THE
SECOND YEAR OF THE DEGREE COURSES IN THE HEALTH PROFESSIONS TAUGHT IN ENGLISH
A.Y. 2019-2020

(DPR 28 DECEMBER 2000, N. 445, ART. 46 AND SUBS)

THE UNDERSIGNED _____
BORN IN _____ PROV. _____ ON _____
ADDRESS _____ N. _____
CITY _____ PROV. _____ ZIP CODE _____
PHONE NUMBER _____ PHONE NUMBER 2 _____
E-MAIL _____

AWARE THAT WHO GIVES FALSE DECLARATIONS IS PUNISHED ACCORDING TO THE PENAL CODE AND TO THE SPECIAL LAWS FOR THE MATTER, IN ACCORDANCE WITH AND BY THE EFFECTS OF ART. 75 AND 76 DPR. 445/2000

DECLARES

TO BE ENROLLED IN THE _____ YEAR OF THE COURSE FOR THE 2018/2019 A.Y. AT THE UNIVERSITY OF _____

IN THE DEGREE COURSE IN

- Physiotherapy
- Nursing
- Midwifery
- Biomedical Laboratory Techniques
- Radiology, Diagnostic Imaging and Radiotherapy Techniques
- Other course with limited access (limited number of places)

Please specify the Degree Course

DECLARES ALSO

TO HAVE MATRICULATED IN _____ IN THE A.Y. _____

DECLARES ALSO

THAT SHE/HE PASSED THE FOLLOWING EXAMS WITH THE SCORE:

EXAM NAME	EXAM CODE/ SCIENTIFIC DIDACTIC SECTOR	CREDITS	DATE	SCORE OR VALUATION	YEAR OF THE COURSE

TOTALE CFU: _____
TOTAL CREDITS: _____

AND THE CLINICAL PRACTICE:

PRACTICE IN	N° OF HOURS	CREDITS	DATE	SCORE OR VALUATION	YEAR OF THE COURSE

TOTAL CREDITS FOR THE PRACTICE: _____

AWARE THAT WHO GIVES FALSE DECLARATIONS IS PUNISHED ACCORDING TO THE PENAL CODE AND TO THE SPECIAL LAWS FOR THE MATTER, IN ACCORDANCE WITH AND BY THE EFFECTS OF ART. 75 AND 76DPR. 445/2000

Date and Place _____

Signature of the declarer/deponent (complete and readable)
