

(ALL.A)
AI MAGNIFICO RETTORE
UniCamillus University
Via di Sant' Alessandro, 8
00131 ROMA

Mr / Mrs (Surname) _____
(Name) _____ born in the _____ at
_____ state. (____) Citizenship: _____ resident at
_____ address _____ n° _____ CAP _____ Tel.:
_____ cell.: _____ e-mail: _____ (PEC _____)

asks to be admitted to participate in the selection for admission to the Master / Postgraduate Course

_____ activated by UNICAMILLUS for the A. A. _____.

To this end, aware of the penalties provided for in the case of a false declaration and forfeiture of any benefits obtained as a result of the provision issued on the basis of the untruthful declaration (art. 75 and 76 of Presidential Decree 28 December 2000, n. 445), taken Having read the selection notice and accepting all the conditions and provisions contained therein, declares under its own responsibility that it is in possession of the following qualifications:

- Master's degree and / or specialist degree in dentistry and dental prosthesis;
 - Master's degree and/ or specialist degree in medicine and surgery with specialization in odontostomatology or qualification for the practice of dentistry;
 - Master's degree in Medicine and Surgery.
- Accademic degree equivalent to those above mentioned achieved under the previous University system _____
- Candidates in possession of an Accademic Degree obtained abroad and equivalent in duration and content to those listed above.

Achieved in the academic year _____ at the University _____ with voting _____

Or declares that he / she will be completing the Master's Degree / specialization / in _____ by the deadline for enrollment in the Master at the University _____

Declare to posses the title _____ different from the above mentioned titles but pertinent to the Master content (please attached the copy of your title).

DATA _____ FIRMA _____

ATTACHED

- Curriculum vitae et studiorum in European format, dated and signed, and which will be evaluated during the admission test;
- Photocopy of a valid identity document;
- Photocopy of the fiscal code or the health insurance card;
- additional qualifications that you wish to submit for admission assessment;
- Statement of having read the above information related to the personal data in vision of art.13 and 14 in accordance with the European legislation (UE) 2016/679
- Eventual declaration for candidates who have obtained a foregner accademic degree;
- For candidates in possession of equivalent qualifications to those required: declaration in lieu of certification pursuant to art. 46 of D.P.R.28/12/2000,n. 445, certifying the achievement of the aforementioned securities in accordance with current legislation.
- Payment copy of the participation fee of 3.000