**SELF-DECLARATION IN SUBSTITUTION OF ATTESTED AFFIDAVIT**

**NOTICE FOR PARTICIPATING IN THE CALL FOR THE TRANSFER PROCEDURE REGARDING THE SECOND YEAR OF THE DEGRE COURSES IN THE HEALTH PROFESSIONS TAUGHT IN ENGLISH**

**A.Y. 2020-2021**

(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 76DPR. 445/2000

DECLARES

TO BE ENROLLED IN THE \_\_\_\_\_\_\_\_\_\_\_ YEAR OF THE COURSE FOR THE 2019/2020 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:

|  |  |  |  |  |  |
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| EXAM NAME | EXAM CODE/  SCIENTIFIC DIDACTIC SECTOR | CREDITS | DATE | SCORE OR VALUATION | YEAR OF THE COURSE |
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TOTALE CFU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL CREDITS: \_\_\_\_\_\_\_\_\_\_\_\_

AND THE CLINICAL PRACTICE:

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| PRACTICE IN | N° OF HOURS | CREDITS | DATE | SCORE OR VALUATION | YEAR OF THE COURSE |
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TOTAL CREDITS FOR THE PRACTICE: \_\_\_\_\_\_\_\_\_\_\_\_

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Date and Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the declarer/deponent (complete and readable)

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