ANNEX B

Self-certification as substitute for attested declarations under article 46, Presidential decree 445/2000
(for candidates holding foreign degrees only)

DESCRIPTION OF THE QUALIFICATION
(Degree, Master of Science or equivalent)

Aware of the provisions on criminal consequences for false declarations, under art. 76 of the President’s decree 445/2000, the undersigned

INFORMATION IDENTIFYING THE HOLDER OF THE QUALIFICATION

Family name ____________________________________________________
Given name _________________________________________________________
Place of birth __________________________________________________________
Date of birth (dd/mm/yyyy) _____________________________
Citizenship ____________________________________________________________
E-mail for correspondence ___________________________________________

INFORMATION IDENTIFYING THE QUALIFICATION

Level of Qualification (Degree, Master of Science or equivalent) ________________________________
Qualification in ____________________________________________________________
Qualification awarded at the University of __________________________________________
Qualification awarded on (dd/mm/yyyy) ___________________________________________
Final degree mark/grade _______________________________________________________
Main Field(s) of Study for the Qualification ___________________________________________
Language(s) of Instruction/Examination _____________________________________________
Official Length of Programme (years) _____________________________________________
Access Requirement(s) to Programme _____________________________________________

INFORMATION ON THE EXAMINATIONS AND RESULTS GAINED FOR THE QUALIFICATION
(Exams and individual grades/marks/credits obtained)

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Useful additional information about exams and results


Information on the function of the qualification in the country where the qualification was awarded

Does the title described above, in the country where it has been awarded, enable application to University PhD programmes? (Tick only one of the two options)

☐ Yes

☐ No

___________________________
Date and place

___________________________
Signature (legible and in full)