



**FORMAT 2 - (Declaration of exams by NON-GRADUATE CANDIDATES by the application deadline)**

**Dichiarazione da compilare se richiesta dall'allegato dipartimentale  
A.Y. 2024/2025 - ADMISSION EXAM FOR THE MASTER'S DEGREE PROGRAM IN**

The undersigned      Surname      First name  
Born in      (Prov.)      On (gg/mm/aaaa)  
residing in      (Prov.)      Postal code  
Address      Mobile Phone      e-mail  
Fiscal code  
Enrolled in the degree course in  
Graduating class      University

**DECLARE**

under its own responsibility pursuant to art. 46 of the Presidential Decree n. 445 of 28 December 2000,

a) to have passed the following exams:

	Denominazione esame	SSD	CFU	Data	Voto
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

b) that the weighted average of the votes is:

c) that the number of credits acquired is:

d) di dover sostenere ancora i seguenti esami:

	Denominazione esame	SSD	CFU	Data	Voto
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



e) - **that the final exam credits are:**

I also declare that:

- to be aware of the criminal responsibilities that he/she will face in the event of a false, secretive statement or one containing untruthful data (articles 483, 495, 640 of the Criminal Code and articles 75 and 76 of Presidential Decree no. 445/2000);
- I have read the information on the processing of personal data (appendix A to the admission notice)