

Annex A) to D.R. n.

issued on

Attn: Magnifico Rettore
dell'Università degli Studi di
P.zza Università, 1
06123 PERUGIA

Please apply a €16,00 revenue stamp

I, the undersigned, hereby ask to be admitted to participate in the **2nd-Level Master in: "Data Science"**, Academic Year 2016-2017 – **Department of Engineering** of the Università degli Studi di Perugia, **as:**

(footnote ¹)

To this end and in accordance with articles 46 e 47 of D.P.R. 445/2000 I hereby declare, under my own responsibility, the following:

LAST NAME	
FIRST NAME	
FISCAL CODE	
DATE OF BIRTH	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
PLACE OF BIRTH	PROV./DISTRICT
RESIDENT IN	PROV./DISTRICT
STREET ADDRESS	ZIP/POSTAL CODE
Contact address chosen for the purposes of this Call for Applications:	
CITY	PROV./DISTRICT
STREET ADDRESS	ZIP/POSTAL CODE
TELEPHONE _____ CELL PHONE: _____	
E-MAIL: _____	

¹ Candidates must specify if they wish to participate as ENROLLED STUDENTS or AUDITORS

That I have been awarded the following Degree:

UNIVERSITY DIPLOMA, awarded in accordance with the regulations in place before the Ministerial Decree 3.11.1999, no. 509 in: _____
Awarded by the Faculty/Department of _____
On (specify date of awarding) _____ at (institution) _____
with a final grade of: _____

Or

SPECIALIZATION/MASTER'S DEGREE (LAUREA SPECIALISTICA), in accordance with D.M. 3.11.1999, n. 509 and following modifications and integrations in _____, included in the 2nd-Level Degree Class (LM/LS) no. _____
"Class of Specialization/Master's Degree in _____"
Awarded by the Faculty/Department of _____
On (specify date of conferment) _____ at (institution) _____
with a final grade of: _____

(footnote²)

That I am an Italian citizen

Or

That I meet the definition of Italian not belonging to the Republic

Or

That I am a citizen of _____

and that I enjoy, in the aforementioned country, full political and civil rights

(footnote³)

² Mark the box to indicate possession of the requisite as per art. 2 of the Call for Applications, and fill in the spaces with the required data, specifying all the relevant details (typology of the Degree, date and place of awarding, Administration/Institution that has awarded the Decree, final grade; please see the Call for Applications specifying the modalities of presentation of the academic Degree, if conferred abroad).

³ Mark the box pertaining to your situation, fill in the blanks and mark the other boxes with the required information, where necessary to complete the statement related to your citizenship

that I do not have an officially certified disability

OR

for disabled applicants: I hereby declare that I have a disability and thus require the following:

- in accordance with articles 16 and 20 of Law no.104/1992, as modified by Law no.17/1999, special assistance/aid to carry out the tests, as follows: _____

- in accordance with Law no.170/2010 with reference to specific learning disabilities, to be granted the following extra time to take the test _____

(footnote⁴)

To authorize, should the Administration receive a motivated request to access official documents relating to the procedure and the candidate is the person against whom the request is made, the digital transmission, via email to the email address specified in the application, in accordance with art. 3 of the D.P.R. 184/2006, of the copy of the request to access the pertinent information with the possibility to challenge, with a rightful motivation, this request, also via digital transmission, within ten days after receiving the request.

(footnote⁵)

To accept all terms and conditions in this Call

(footnote⁶)

To be aware of the prohibition provided for in art. 142 of R.D. 31/08/1933, no. 1592 as well as in art. 22 paragraph 2 of the Didactic Regulations of this University, that expressly forbids enrolling in more than one study course awarding an academic title, with the only exception being courses awarding a double/multiple degree.

To be aware that this University Administration assumes no responsibility and shall not be liable in case contact is not possible between the parties (whether for the impossibility to reach the candidate, wrong address or failure on the candidate's part to timely inform this university of any changes in his/her address or contact information). Furthermore, this Administration shall not be liable neither in case communications are impeded due to postal, telegraphic or technical hurdles, nor that are caused by a third party, a fortuitous occurrence or circumstances beyond one's control (Force majeure).

⁴ Fill in these fields only if the disability/specific learning disability requiring the assistance/extra time is formally attested by a medical certification; see art.3 of the Call for applications for details on how to present the pertinent mandatory medical certification.

⁵ Mark the box

⁶ Mark the box if you accept all terms and conditions included in the present Call

To be aware of my duty to immediately communicate any changes in my residence or in the address that I have indicated as the contact address for all communications regarding this selection.

That I am aware that failing to comply with even one of the terms and modalities of this Call for application will entail automatic exclusion from the selection.

That I am aware of the penal sanctions in which I, the undersigned, would incur in case of false declarations or those that contain data that no longer correspond to the truth, in accordance with article 76 of the D.P.R. 28.12.2000, no. 445 and with article 75 of the D.P.R. 28.12.2000, no. 445 regarding the relinquishment/loss of any benefits in case this Administration were to find proof of false content in the candidate's declarations.

I, the undersigned, according to the D.Lgs. 196/2003 (Code of Regulations on the Protection and Processing of Personal Data) declare that I am aware that my data will be used by the University for institutional purposes and in compliance with the principle of pertinence.

I, the undersigned candidate, hereby attach the following documents to this application:

- Receipt of payment of € 60,00, as well as
- Receipt of payment of €16,00 (if applicable, in order to fulfil the obligation to apply a Revenue stamp in the application made by foreign applicants);
- A photocopy of a currently valid document and, optionally, of the fiscal code
- Curriculum vitae (Resume), dated and signed, filled out using Annex "B"
- If applicable, suitable Medical Certificate attesting the disability (in accordance with the provisions provided for in the Call for Applications)

(footnote⁷)

Place and date.....

Signature (footnote⁸)

⁷ Mark the boxes to indicate that the correspondent documentation, as required by the Call for Applications, has been attached to the application; please note that the photocopy of a currently valid identification document is required **on penalty of exclusion**.

⁸ The full and legible signature is to be placed in accordance with art. 3 of the Call for Applications, and it is mandatory on penalty of exclusion.

(This part is to be filled out in case the application form, along with the pertinent documentation, is handed in directly to the Archives and Protocol Office - "Ufficio Archivio e Protocollo" of this University)

I hereby confirm that on today's date Mr/Ms _____
handed in their application to participate in the public selection for the admission to the 2nd
- Level Master in "Data Science", Academic Year **2016/2017** – **Department of
Engineering of the University of Perugia.**

Perugia,

Stamp of the Protocol Office
and initials of the official who has received the
application