

To the Rector  
of the University of L'Aquila

Via Giovanni Di Vincenzo, 16/b  
67100 L'Aquila

The undersigned (surname and first name) \_\_\_\_\_  
born in (province/state) \_\_\_\_\_ on (date of birth) \_\_\_\_\_  
fiscal code (or equivalent in applicant's country i.e. tax code/social security number) \_\_\_\_\_  
residing in (City) \_\_\_\_\_ at (address) \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone (including country/area codes) \_\_\_\_\_  
e-mail \_\_\_\_\_

Mailing address for selection procedure documents (**only if different from place of residence indicated above**). Foreign applicants are requested to indicate an Italian address or the address of their embassy in Italy:

Municipality/City \_\_\_\_\_  
Full address: \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_

DECLARES:

that he/she completed an online application on (date) \_\_\_\_\_ to participate in the selection procedure for a Ph.D. Course in \_\_\_\_\_ and has chosen the following curriculum (if the Ph.D. course selected provides this option)

Aware of the penalties stated in art. 76 of Presidential Decree 28/12/00 no. 445, in case of false statements, the undersigned

DECLARES that:

1) he/she is a citizen of (indicate your citizenship):

\_\_\_\_\_;

2) has an adequate knowledge of the Italian language (only for EU and foreign applicants);

3) obtained the following Degree (tick what applies):

\_\_\_ Laurea vecchio ordinamento

\_\_\_ Laurea specialistica (Classe: \_\_\_\_\_)

\_\_\_ Laurea magistrale – Master-Level Degree (Classe: \_\_\_\_\_)

in (indicate title of the Degree) \_\_\_\_\_

on (indicate date the Degree was granted) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

at (indicate name of the University/College) \_\_\_\_\_

mark: \_\_\_\_/\_\_\_\_

OR

THAT he/she is in the process of completing a Master-level degree course (or equivalent) and is aware that he/she must obtain the Degree by **31<sup>st</sup> October, 2015** in order to participate in this PH.D selection procedure.

Title of the Master-level degree course being completed: \_\_\_\_\_  
at (name of the University): \_\_\_\_\_

scheduled date of Degree conferment : \_\_\_\_\_

**OR, for applicants who obtained their Degree in a foreign university:**

THAT he/she obtained a Degree in (title of Degree) \_\_\_\_\_

at (indicate the name of the University/College) \_\_\_\_\_  
on (date) \_\_\_\_\_

and that he/she has ENCLOSED:

- a copy of the certified Degree with complete transcripts of exams taken translated into Italian by the candidate under his/her responsibility;
- all documents considered useful for evaluating the equivalency of the degree to the required Degree of participation (Diploma supplement etc.);
- that he/she possess an official declaration of degree equivalency issued by the University of \_\_\_\_\_ by means of Rectoral Decree no. \_\_\_\_\_ on (indicate date) \_\_\_\_\_;

4) that he/she intends on attending all doctoral activities (including courses) full time as requested by the Ph.D. Board of Professors;

5) that he/she has a good knowledge of the following foreign language(s) \_\_\_\_\_;

6) (Tick one of the following options)

- ☐ I have been the recipient of a Ph.D. grant or scholarship (even for only one year or part of it);
- ☐ I have not been a recipient of a Ph.D. grant or scholarship (even for only one year or a part of it);

7) (Tick one of the following options):

- ☐ I am not the recipient of a scholarship in a foreign country;
- ☐ I am the recipient of a scholarship issued by \_\_\_\_\_ to attend the Ph.D. Course from \_\_\_\_\_ to \_\_\_\_\_

8) (Tick one of the following options):

- ☐ I am not employed as a Civil Servant
- ☐ I am employed as a Civil Servant at (indicate the office) \_\_\_\_\_

9) that he/she has read the Selection Announcement for the Ph.D. program;

10) that he/she shall immediately notify of any changes in place of residence or in the address chosen for mail communications;

11) (Tick one of the following options):

☐ I do not have any Postdoctoral research fellowships;

☐ I have Postdoctoral research fellowship(s) at the Department of \_\_\_\_\_ of the University of \_\_\_\_\_ from (indicate starting date of the fellowship) \_\_\_\_\_ to (indicate ending date of the fellowship) \_\_\_\_\_

12) that he/she has a Ph.D. Degree obtained at the University of \_\_\_\_\_ on (indicate the date granted) \_\_\_\_\_.

13) that he/she has requested letters of recommendation from the following professors (indicate if such letters are requisites in art.2 of the selection announcement):  
\_\_\_\_\_

The undersigned requests that the required oral exam take place via web at the following username and/or number (e.g. username for Skype or phone number for conference calls) \_\_\_\_\_ (only if indicated as an option for the Ph.D. applied for).

The undersigned declares that he/she is aware that final rankings will be posted on the bulletin board of the University and will also be available at the URL <http://www.univaq.it/section.php?id=1036>.

The undersigned gives his/her consent to the treatment of personal data provided in this application in compliance with legislative decree 196/2003, for all matters related to the selection procedure for the Ph.D. course admission.

Date, \_\_\_\_\_

(Pursuant to art. 39 of Presidential Decree no. 445/2000 authentication of the applicant's signature is no longer required)

\_\_\_\_\_  
(Applicant's signature)

PLEASE ENCLOSE A PHOTOCOPY OF A VALID PHOTO-ID  
SIGNING THE APPLICATION FORM IS REQUIRED (APPLICATIONS THAT ARE NOT  
SIGNED SHALL BE DISCARDED)

Self-Declaration in substitution of certification  
(art. 46 D.P.R – 28<sup>th</sup> December 2000, n.445)

and/or

Self-Declaration in substitution of attested affidavit  
(art. 47 D.P.R 28<sup>th</sup> December, 2000 n.445)

The undersigned \_\_\_\_\_ born in (place of birth) \_\_\_\_\_  
on (date of birth) \_\_\_\_\_

residing in (city/State/Country) \_\_\_\_\_

Postal code \_\_\_\_\_ at (address) \_\_\_\_\_

DECLARES:

1) in compliance to art(s). 46,47 and 38, D.P.R 28/12/2000, n.445 that he/she has been conferred the following Degree:

Bachelor-level Degree in (title) \_\_\_\_\_ at (name of University or College issuing the Degree) \_\_\_\_\_ on (date issued) \_\_\_\_\_, mark \_\_\_\_\_

and that he/she passed the following exams:

EXAM (title of the exam/course)	MARK	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2) in compliance to art(s). 46,47 and 38, D.P.R 28/12/2000, n.445 that he/she has been conferred the following Degree:

Master-level Degree in (title) \_\_\_\_\_ at (name of University or College issuing the Degree) \_\_\_\_\_ on (date issued) \_\_\_\_\_, mark \_\_\_\_\_

and that he/she passed the following exams:

EXAM (title of the exam/course)	MARK	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3) in compliance to art(s) 47 and 38, D.P.R 28/12/2000, n.445 that the photocopies of the following qualifications, documents enclosed in the application conform to the originals:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

The undersigned declares that he/she is aware of the sanctions applied in case of false statements established in art.76 D.P.R. 28/12/2014, n.445 and of the consequent loss of any benefits obtained by making false statements as established in art. 75 D.P.R. 28/12/2014, n.445.

**The undersigned, under penalty of nullity of the application, shall enclose a photocopy of a valid ID.**

Date, \_\_\_\_\_

\_\_\_\_\_  
(Applicant's signature)