

## EDUCATIONAL QUALIFICATIONS

(In Accordance with Legge 4 gennaio 1968, n. 15; D.P.R. 445/2000)

The Undersigned *(family name, first name)*

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Place of Birth *(city)*

Date of Birth

Country

Nationality/ Citizenship

Address

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aware of the penalties imposed by the Italian Penal Code regulating false statements, redacting or using false documents

### DECLARES

to have been awarded the following academic qualification:

Field of Studies

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Qualification Title

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Duration of studies *(no. of completed years from first grade at primary school)*

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Date completed

Final mark

Mark scale (max mark; min mark)

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Name of Institution

Education level

City/town

Country

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The undersigned also declares that he/she has been informed that his/her personal data will be both handled and processed by use of IT services solely for the institutional purposes required for this certification, in accordance to the provisions of article 13 of Legislative Decree no. 196, 30th June 2003.

Date

Signature

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