

***PhD program in Ecogastronomy, Food Sciences, and Cultures
A.Y. 2024/2025 - XL cycle***

ATTACHMENT A

SELF-CERTIFICATION FORM

In accordance with art. 46, Decree of the President of the Republic 28.12.2000 n. 445
(to be included with the application)

The undersigned _____,
born in _____ on (dd/mm/yyyy) _____,
residing at _____ postal code _____ city _____,
state/province/county _____ country _____,

DECLARES

to accept responsibility for and is aware that, in the case of false declarations, the legal sanctions referred to in art. 76 of the Decree of the President of the Republic 28.12.2000 n. 445 will be applied and result in immediate loss of matriculated status.

- 1) to possess a Master's degree or other postgraduate degree in: _____
in Degree Category *only for qualifications awarded in Italy (code)* _____
awarded on _____ (date)
with the grade of _____
at the University _____ ;
- 2) to be about to graduate with a Master's degree or other postgraduate degree
in _____
in Degree Category *only for qualifications awarded in Italy (code)* _____
at the University _____
- 3) to possess the following qualifications relevant to the present application:

Place and date _____

(signature)