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| **AREA DIDATTICA, ORIENTAMENTO E SERVIZI AGLI STUDENTI**  **Ufficio Alta Formazione** | | |
| **AL MAGNIFICO RETTORE**  I, the undersigned .............................................................................Fiscale Code ..........................................................  surname first name  born in......................................................................................on.........../.........../........... province…………..❏ M ❏ F  Place of birth dd mm yy  residence in..............................................................Street…………................................................n°...........prov............  Postal Code…………cityzenship….......................................tel./cell.….....................................  e-mail address...............................................pec………………………..   * having regard to Law no. 33 of 12 April *2022 "Provisions concerning concurrent enrolment in two higher education courses";* * having regard to Article 6 of Ministerial Decree no. 930 of 29 July 2022 implementing Article 4, paragraph 1 of Law no. 33 of 12 April 2022; * considering that I intend to enrol in the academic year \_\_\_\_\_/\_\_\_\_\_ at the University of\_\_\_\_\_\_\_\_\_ in the course of * PhD in: * Level I or II Postgraduate course in: * School of Specialisation in: * Specialisation in educational support activities for students with disabilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **aware that false declarations are punishable under the Criminal Code and the special laws on the subject**   **DECLARE**   * that I am already enrolled in the course of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Degree/Master's Degree Class (if applicable) ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * at the University of * Matriculation number * that the course in which I am already enrolled:   o has compulsory attendance  o does not require compulsory attendance  o requires compulsory attendance only for workshop and internship activities  that I undertake to submit self-certification in accordance with Art. 6, paragraph 1 of Ministerial Decree no. 930 of 29 July 2022 also at the University where I am already enrolled  Please find enclosed   * + copy of the valid identification document issued\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   on date\_\_\_\_\_\_\_\_\_number \_\_\_\_\_\_\_\_\_\_  Date Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | The declaration must be sent to the following address: ufficioprotocollo@uniss.it |  |
| **SUBSTITUTIVE DECLARATION - DOUBLE ENROLMENT** | | |