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| **AREA DIDATTICA, ORIENTAMENTO E SERVIZI AGLI STUDENTI****Ufficio Alta Formazione** |
| **AL MAGNIFICO RETTORE** I, the undersigned .............................................................................Fiscale Code ..........................................................surname first nameborn in......................................................................................on.........../.........../........... province…………..❏ M ❏ FPlace of birth dd mm yyresidence 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 activitiesthat 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** |