

AREA DIDATTICA, ORIENTAMENTO E SERVIZI AGLI STUDENTI
Ufficio Alta Formazione

AL MAGNIFICO RETTORE

I, the undersigned Fiscal Code
surname first name
 born in on / / province ☐ M ☐ F
Place of birth dd mm yy
 residence in Street n° prov.
 Postal Code citizenship 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

