



**To the RECTOR
of the University of Teramo**

**ASSESSMENT OF CURRICULAR REQUIREMENTS FOR ENROLMENT IN MASTER
DEGREE COURSES**

Academic Year _____/_____

(to be sent to segreteriastudenti@unite.it or protocollo@pec.unite.it)

I, the undersigned.....
born, on (Italian) Fiscal Code
(if available)
nationality:
resident at (town):
in (street/square, number)
.....
country:
mobile phone:
e-mail:
1st level/Bachelor graduate of the University of:
.....
Faculty/Department:
Course of Study/Study program:
.....
Degree Class Code (only for graduates in Italian Universities):
.....

REQUEST

the preliminary assessment of the curricular requirements (i.e. pre-requisites) for the
enrolment in the Master Degree Study Program
in.....of the Department
of.....

To this end, encloses the following documents:

Self-certification/statement of the acquired Degree with indication of the exams
taken, ECTS obtained for each course and the corresponding Scientific and Disciplinary
Sector (the latter option is *only for applicants that obtained the degree in an Italian
University*);

copy of the certificate, or self-certification of knowledge of English at a level of
at least B2 of the Common European Framework, issued by a university or an accredited
accredited body (if this is a requirement for admission to the course; see the specific
admission requirements reported on the University website), in accordance with
Presidential Decree no. 445 of 2000;

other certification deemed useful;

photocopy of a valid identity document (i.e. passport, Identity Card);

**Please Note: The aforementioned documents must be in PDF format, not
photographed.**

.....
(Place and Date)

.....
(Signature)



The undersigned also declares that he/she has read the information note, pursuant to Article 13 of the EU Regulation no. 2016/679 (available in the Student Secretariat>Forms section of the University website www.unite.it) and to authorise the processing of all personal data collected, including those relating to special categories particular categories, for the purposes of this procedure.

.....
(Place and Date)

.....
(Signature)



Self-certification/statement the exams taken during the 1st level/Bachelor degree study program

I, the undersigned (surname)..... (first name)..... born on..... pursuant to the provisions of Articles 3 and 46 of Presidential Decree no. 445/2000 and aware of the contents of of art. 76: that whoever issues false declarations, forms false documents or makes use of them, shall be punished under the Penal Code and the special laws on the subject and shall also incur in the forfeiture of the benefits of under Article 75,

DECLARES UNDER HIS/HER OWN RESPONSIBILITY

that I have taken the following exams:

University	Discipline title	Disciplinary scientific sector code/ course code	Score*	ECTS	date

*Score ranking:

.....
(Place and Date)

.....
(Signature)