Al Magnifico Rettore

**dell'Università degli Studi**

**di Brescia**

## The undersigned (SURNAME AND NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## M □ F □ (GENDER)

Date of birth -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**resident in** (address) City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Temporary Address** (address, if different from the residence address) City/Town

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number\_\_\_\_

Postcode \_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DICHIARA sotto la sua responsabilità:**

**Declares under his/her own responsibility**

□ di essere in possesso del seguente titolo accademico straniero:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

presso l’Università di \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stato\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_con voto \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

He/she holds a degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ awarded by the University

of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

with a grade of \_\_\_\_\_ in scale of\_\_\_\_\_

**SI IMPEGNA**

A CHIEDERE al Consolato/Ambasciata d’Italia a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ **legalizzazione del Diploma originale di laurea** (Master Degree), già ufficialmente tradotto in italiano;

□ **la Dichiarazione di valore “in loco”** da cui dovrà risultare che il titolo di studio posseduto Master Degree) è valido nel Paese di conseguimento per l’iscrizione ad un corso accademico analogo al Dottorato di ricerca

**COMMITS him/herself**

to request to the Italian Embassy or the Italian Consulate of the Country where the Master’s Degree has been awarded

□ the legalization of his/her own Master’s Degree, (the document must be already officially translated into Italian)

□ the Declaration of its Value (Dichiarazione di Valore in loco).

Il sottoscritto si impegna a trasmettere all’UOC Dottorati dell’Università degli Studi di Brescia – Via Sa Faustino 74/b – Brescia - gli originali di detti documenti appena possibile ed in ogni caso non oltre la data: **31.12.2021** pena esclusione dal corso di dottorato.

He/she commits him/herself to deliver to U.O.C. Dottorati of the University of Brescia – Via San Faustino 74/b – Brescia – the original documents mentioned above as soon as possible and in any case not later than: **31.12.2021.**

He/She is aware that if he/she fails to do so, he/she will be excluded from the Ph.D. Course and will lose the benefits obtained.

Date / Place…………………… …………………………………….

(Signature)