**SUBSTITUTIVE DECLARATION OF CERTIFICATION (Art. 46 of Decree n. 445 of 28/12/2000)**

The undersigned: …………………………………………………………………………………………………………………………………………..

Surname....................................................Name.................................................................................................

Born in.......................................................................................on......................................................................

Resident in street/square...........................................................n°......................................................................

Town/City................................................... ........................ZIP code ..................................................................

Italian tax code....................................................................................................................................................

ID ……………………………………………………………………………………………………………….. n°…………………………………………….

Issued by …………………………………………………………………………………………………… on date: ……………………………………

 (in case of electronic ID please indicate the Ministry of the Interior).

 DECLARES

under its own responsibility, aware of the criminal sanctions referred to in Articles 75 and 76 of Presidential Decree 445/2000 in case of untrue statements and falsehoods in acts and to Decree 495, the following:

- To be already enrolled in the degree programme:

(indicate the type, the name and the degree identification category)

At University (indicate the name of the University)

-that is going to enroll in the degree programme:

(indicate the type, the name and the degree identification category)

At University (indicate the name of the University)

-that both degree programmes belong to different degree identification categories of Bachelor’s and Master’s degree, and their training activities are different for at least two-thirds;

-that none of/only one of the two degree programme involves obligatory attendance

(select the correct item).

Place/Date

 …………………………………………………………….

Legible signature