

Form A – Qualifications, Publications, and Other Information

(attachment to the application for admission to the doctoral programme HISTORICAL LINGUISTICS,
EDUCATIONAL LINGUISTICS AND ITALIAN STUDIES. ITALIAN, OTHER LANGUAGES AND
CULTURES – 40th Cycle)

I, the undersigned, (Surname and Name) _____
 born on _____ in _____ Country _____ Place of
 residence _____
 Address _____ ZIP code _____
 email address for correspondence _____
 (the same one indicated during the online procedure)

Declare

That I hold the following qualifications:

Degree:

No.	Degree	Place and date of award	Mark
1.			
2.			
3.			
4.			

2-year Specialization or Master:

No.	Specialization or Master(indicate title)	Duration	Place and date of award	Mark
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

List of scientific publications (only articles and books already published or accepted for publication will be evaluated):

No	Author	Title	Type of publication: article in academic journal; essay in an edited volume; essay in Conference Proceedings; Book; Patent; Edited Volume; Other	Bibliographic data (year of publication, journal ISSN/ISBN /ISMN)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Documented research experience in the disciplinary field:

No.	Research activity (specify what kind)	Duration (from/to)	Institution where research activity was conducted (indicate the address)

PLACE RESERVED FOR THOSE WHO INTEND TO ENJOY THE BENEFITS PROVIDED FOR BY THE ART. 20 OF LAW 5.2.1992, N. 104

____ THE UNDERSIGNED ____ DECLARES TO BE DISABLED PURSUANT TO ART. 3 OF LAW 5.2.1992, N. 104 AND THEREFORE DECLARES THAT HE NEEDS THE FOLLOWING ASSISTANCE DURING THE TESTS:

____ AND _____ THE _____ FOLLOWING _____ ADDITIONAL _____ TIMES: _____

AS SHOWN FROM THE ATTACHED MEDICAL CERTIFICATION.

I FURTHER DECLARE under my own responsibility:

- a) to undertake to promptly communicate any change in my residence or address;
- b) (tick one entry) _____ not to be enrolled in Postgraduate Schools or undergraduate or postgraduate / master's degree courses or undergraduate Masters courses or, _____ to be enrolled in the _____ YEAR of the Medical Specialization School

in _____ with headquarters form at the same instructionalsite as the PhD course (attaching, in the latter case, a copy of the authorization from the School Council to enroll in the specific PhD course);

c) (*tick one entry*) _____ not to have benefited or _____ to currently benefit from a PhD scholarship _____ not to be a PhD or _____ to be a PhD in _____ obtained at the University of _____ on _____

- d) to have read article 6 of the competition notice, for the purpose of convocation, for the performance of the competition tests in which I intend to participate
- e) to be aware that false declarations are punishable under the penal code and special laws on the matter;
- f) to be aware that, pursuant to and for the purposes of EU Regulation 2016/679, the personal data collected and related to the function held will be processed exclusively for the fulfilments regarding advertising, transparency and dissemination of information by public administrations, in full compliance with currentlegislation;

Date

Signature _____