DECLARATION TO SUBSTITUTE CERTIFICATION

(Art. 46, D.P.R. 445 del 28.12.2000)

– Form for auto-certification of enrolment–

The undersigned (Complete Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_\_\_\_\_\_ ) Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ house number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE

Home/office phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aware of the sanctions foreseen in Art. 76 of Law n. 445 of 28 Dec. 2000 for providing false information and declarations or the use of false acts, I **declare** the following under my own responsibility:

£ I graduated in Business Administration and Economic by the end of April 2025 and I enrolled not earlier than the academic year 2021-2022

£ I do not fall into the categories of exclusion indicated in Article 2 of the Call for Applications;

£ I read the Call for Applications and I accept the conditions indicated therein.

£ I have received and understood the Privacy Policy Disclosure in reference to Art. 13 of the EU Regulation 2016/679 on the processing of personal data pertaining to the application for the student award promoted by the Bachelor in Business Administration and Economics at Tor Vergata University of Rome. Moreover, I confirm that I am aware that my personal information will be processed in the manner and for the purpose indicated in the Privacy Policy Disclosure statement.

Place and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(complete and legible signature of name)