



Finanziato
dall'Unione europea



SELF-DECLARATION AFFIDAVIT

TO THE SCUOLA SUPERIORE MERIDIONALE

I, THE UNDERSIGNED

(Name) _____ (Surname) _____

PLACE OF BIRTH

(Town/State) _____

DATE OF BIRTH (dd/mm/yy)

NATIONALITY

GENDER _____

PERMANENT RESIDENCE ADDRESS (number/street/town/postal code/Country)

EMAIL ADDRESS: _____

PHONE NUMBER: _____

aware of the consequences of making false statements, falsehood of acts and use of false facts, punishable by law according to art. 76 D.P.R. n. 445/2000 and art. 496 of the Italian Penal Code, under my own responsibility

DECLARE

REGARDING MY APPLICATION FOR A STUDENTSHIP TO PARTICIPATE IN THE DOCTORAL PROGRAM IN

ESTABLISHED FOR ITS XXXIX CYCLE BY THE SCUOLA SUPERIORE MERIDIONALE

- TO HAVE OBTAINED A MASTER'S DEGREE IN _____ AT THE UNIVERSITY OF _____ ON (dd/mm/yyyy) _____ WITH A HONORS' DEGREE (if applicable) OF _____

OR

- TO BE ENROLLED IN A MASTER'S DEGREE _____ AT THE UNIVERSITY OF _____



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SSM

Scuola Superiore Meridionale



I ALSO DECLARE THAT I PASSED THE FOLLOWING EXAMS WITH THE MARKS INDICATED BELOW

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(date)

(signature)

Data gathered with this form are treated only for the purposes of the ongoing procedure and are used only for these purposes, and in any cases only for the institutional purposes of the Scuola Superiore Meridionale. Interested persons are entitled to the rights set by articles 15 – 22 of the EU Act 679/2016, also known as the General Data Protection Regulation act.

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