UNIVERSITÀ DI PARMA

DIPARTIMENTO DI SCIENZE DEGLI ALIMENTI E DEL FARMACO

Attachment 1

TO THE DIRECTOR OF THE DEPARTMENT OF
FOOD AND PHARMACEUTICAL SCIENCES
UNIVERSITY OF PARMA

Name and Surname _____

born in _____ date of birth _____

citizenship _____

resident in _____

Telephone Number. _____ E-MAIL _____

ASK

to be admitted participating in the selection process SCHOLARSHIPS FOR STUDENTS ENROLLED IN THE MASTER'S DEGREE PROGRAMME IN "ADVANCED MOLECULAR SCIENCES FOR HEALTH PRODUCTS" AT THE DEPARTMENT OF FOOD AND PHARMACEUTICAL SCIENCES OF THE UNIVERSITY OF PARMA, announced by the Department of Food and Drug Sciences of the University of Parma. To this end, aware that in the event of false statements, forgery, and use of false documents, I will incur the penalties established by the Criminal Code and special laws on the matter; aware that I will be retroactively disqualified from any benefits resulting from the measure issued on the basis of the untruthful statement;

declares

under his/her own responsibility and pursuant to Article 46 of Presidential Decree No. 445/00 - Consolidated Law on administrative documentation:

☐ Have passed the pre-enrolment procedure for enrolment in the Master's Degree course in Advanced Molecular Sciences for Health Products (LM-54 R) at the University of Parma for the a.y. 2026/2027.

Attached the following documents to this application:

-curriculum vitae et studiorum
-photocopy of a valid identity document
-letter of motivation and any letters of recommendation
-self-certification of the qualification obtained with a list of exams taken.

Date _____

LEGGIBLE AND FULL SIGNATURE

_____