To the management Office of CdS Psicologia, Agraria e Medicina Veterinaria, – *Cesena Campus Piazza Aldo Moro, 90 47521 CESENA*

APPLICATION FORM

Subject: call for applications for grants to support student's mandatory mobility.

Reserved for registered students at EMJMD Erasmus Mundus WOP-P - Academic Year 2021/2022.

I Undersigned SURNAME	NAME						
BORN IN	(PROV./STATE) DATE					
CITY OF RESIDENCE		(PROV./STATE)					
MOBILE PHONE. (mandatory, will be used for communicating results to candidates)							
E-MAIL @UNIBO.IT (mandatory, will be used for communicating results to candidates							

Asks to be admitted to the competition for grants to support student's mandatory mobility, reserved for registered students at EMJMD Erasmus Mundus WOP-P - Academic Year 2021/2022.

DECLARE

□ that the above reported data are true;

□ to be regularly registered to the _____ year of EMJMD Erasmus Mundus WOP-P

\square to choose the following domicile for receiving information about this procedure (if different from r	residence address)):
CITY	(PROV	_)
STREET	N.	

POSTAL CODE ______

□ not to have reported criminal convictions, specifying, if not, which convictions have been received

CHECK THE APPROPRIATE BOX

not to have received other awards, contributions or scholarships aimed at compulsory international mobility referring to the current academic year 2021/22;

	to	have	receive	ed other	awards,	contributions	or	scholarships	aimed	at	compulsory	/ international	mobility
refer	rin	g	to	the	current	academic		year 20)21/22		FROM	(GRANTING	BODY):

FOR A TOTAL AMOUNT OF ${f \varepsilon}$

not to be the holder of a scholarship from the European Commission (Erasmus Mundus program).

The undersigned attaches a photocopy of a valid personal identity document to this application.

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, I undersigned declare to be informed that all personal data provided with this application form will be treated only for the purpos of managing this competition procedure (Italian Privacy code Art. 13 del D.Lgs. 196/2003 (Codice in materia di protezione dei dati personal)

Cesena, (Date)_____

Signature

(readable signature)

Self-certifications must be signed by the candidate in presence of a public official committed to the receipt of the documentation. If the documentation is sent through post mail or delivered by means of other individuals, self-certifications must be signed by the candidate and accompanied by a photocopy of each face of a valid pictured identity document. EU citizens can submit self-certifications according to art. 46, 47 and 19 of D.P.R. n. 445/2000. Extra EU citizens, residing legally in Italy, may provide self-certifications according to art. 46 and 47 of D.P.R. n. 445/2000 (only with reference to situations, personal qualities and facts which can be certified or attested by Italian public bodies).