



APPLICATION FORM

The undersigned		
Born in	_on	
Resident in (city)	_	
(permanent address)		
Italian fiscal code:		

ASKS

to be admitted to the following selection process for the awarding of extraordinary call concerning n. 1 study prize in support of students enrolled in the first year of the master degree in evolutionary biology (2024/2025) of the Department of Biology;

Conscious of the penal sanctions for falsification of documents and false statements as per art. 76 DPR 445/2000,

DECLARES THAT

I am enrolled for the first time in the academic year 2024/2025 in the first year of the Master's degree in Evolutionary Biology at the Department of Biology:

I am student whose family unit does not reside in Italy and I don't have personal or family income in Italy;

I am enrolled in the first year of the Master's degree in Evolutionary Biology (academic year 2024/25);

I am not eligible for or recipients of scholarships, including regional scholarships, or study prizes for the a.y. 2024/2025;

I don't have Italian citizenship (except for dual citizenship that includes Italian citizenship);

I don't reside in Italy. For the purposes of this call, the following are considered residents in Italy:

- Non-EU citizens with a valid residence permit that allows enrolment in an Italian university without the need to request a new student visa from the relevant Embassy, as provided for by Italian Legislative Decree No. 286 of 25/07/1998;

- EU citizens and those treated as such who have resided in Italy continuously for more than 9 months. Citizens of Iceland, Liechtenstein, Norway, the Republic of San Marino, and Switzerland are treated as EU citizens.

I self-certify that they have already completed and registered a minimum of 12 ECTS credits in the a.y. 2024/2025 and I guarantee the acquisition of a total of 30 ECTS credits by August 10th, 2025.

I consent to the use of the above information in accordance to D.Lgs. 30 June 2003 no. 196 as modified by D.Lgs. 101/18 for the purpose of fulfilling the obligations arising from the contract between myself and Università degli Studi di Padova

Attention: Please enclose a copy of a valid document of identification

Place ,_____

Date (dd/mm/yyyy)_____

signature