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Professional Training course in

# WATER HARVESTING FOR SOIL AND WATER CONSERVATION

(Taught in English)

Academic year 2020/21

# THE UNDERSIGNED

Family name
Name
Tax code     Sex F _   M
Date of birth   _   _     _   _   Place of birth _   _   _   _   _   _   _
Country of birth
Citizenship
Street address
City  _ Zip Code   _
Country
Phone number
Mobile phone
E-mail:
Contact (fill only if different from resident address)
Street address
   City   _   _     Zip Code   _   _   _   _



# ASK TO BE REGISTERED FOR THE ACADEMIC YEAR 2020/21 to the Professional Training course in

#### WATER HARVESTING FOR SOIL AND WATER CONSERVATION

as an ordinary candidate as a student of the University of Florence as a PhD of the University of Florence as a candidate from emerging countries

For this purpose, according to the Italian laws on self-certification (artt. 46 - 47 **D.P.R. 28 December 2000 n. 445)** and informed that whoever provides false information will lose the benefits and incur in penalties for false declaration according to the articles n. 75 and 76, of the cited law,

#### DECLARES UNDER HIS/HER OWN RESPONSABILITY

# To have the following high school diploma:

High school name		City	
Zip Code	Street address_		N
School year   _	/	with marks   _  on   _ ;	
To have the follow University	ing Bachelor's c	legree	
City			
Zip Code	Street address _		N
School year   _	/	with marks   _  on   _ ;	

#### **DECLARES, ALSO**

- to be not enrolled in any course belonging to D.M. 10 September 2010, n. 249.
- to be aware of the rules and terms provided in the notice
- to be aware that in the case of confirmation of non-validity of what declared, subject to penal responsibility in case of false declaration, it will result in the automatic exclusion and the consequent inability to enroll

### For the exemption of payment of the registration fee, DECLARES, ALSO

To be a **student with disabilities**, as indicated by **the attached certification** issued by the competent bodies, with:



recognition of handicap pursuant to Article 3, paragraph 1 of Law 5/2/1992, no. 104; recognized disability equal to or greater than 66%.

# **Attached documents (for all the candidates)**

Copy of a valid identity document (ID card or passport)

High school diploma or **Bachelor's degree** (not for students with an Italian degree. The title must be presented in original or certified copy, with official translation into Italian, legalization and "declaration of value at the place" by the Italian diplomatic or consular representation of the country where the document was issued.

Certification of English proficiency (minimum level A2);

Curriculum vitae et studiorum

To enroll in the Course, it is necessary to complete the enrollment application, using the form available on the page <a href="https://www.unifi.it/vp-11839-corsi-di-aggiornamento-professionale.html">https://www.unifi.it/vp-11839-corsi-di-aggiornamento-professionale.html</a>, in correspondence with the name of the Course, and send it together with a copy of the curriculum vitae and a copy of a valid identity document, in a single file (pdf scan), by e-mail to the following address: <a href="mailto:didattica@dagri.unifi.it">didattica@dagri.unifi.it</a>.