



# UNIVERSITÀ DEGLI STUDI DI BERGAMO

## SERVIZI AMMINISTRATIVI GENERALI SELEZIONI E GESTIONE GIURIDICA

Allegato B - FACSIMILE OF QUALIFICATION-EQUIVALENCE ACKNOWLEDGMENT REQUEST

TO THE  
JUDGING COMMISSION  
OF THE RESEARCH DOCTORATE IN \_\_\_\_\_

The undersigned (surnames and names) \_\_\_\_\_ born in \_\_\_\_\_  
\_\_\_\_ (Province \_\_\_\_\_) on \_\_\_\_\_ residing in \_\_\_\_\_ (Province \_\_\_\_\_)  
\_\_\_\_) Address \_\_\_\_\_ Zip \_\_\_\_\_

### REQUESTS

the acknowledgement of equivalence of his/her qualification in ..... *(specify: the original academic title denomination which needs to be evaluated, the date, place and University of attainment, the duration of university studies)* to an Italian degree, to the sole purpose of admission to the public selection for the PhD in .....

To that purpose, while I am fully aware of criminal penalties applicable in case of mendacious declarations, as recalled by s. 76 of the Presidential Decree 445/2000, I enclose the following documents:

(attach any documentation deemed useful for the evaluation of the Judging Commission):

- *statement of validity for the document submitted for acknowledgement, issued by an Italian Diplomatic or Consular Representative in the Country whose didactic system is referred to by the document;*
- *original academic qualification for which the acknowledgment is requested, accompanied by an official translation into Italian and by a statement of validity issued by an Italian Diplomatic or Consular Representative in the Country whose didactic system is referred to by the document;*
- *original certification detailing the courses completed and the examinations sustained abroad to attain the foreign academic qualification for which the acknowledgment is requested;*
- *official translation into Italian of the above-mentioned certificate;*
- *study program (on headed paper of the foreign University or validated by a stamp of the latter), all disciplines included in the foreign curriculum (e.g. sustained examinations), with related translations into Italian; The authenticity of such programs, just like all previously mentioned documents must be confirmed by a local Italian Diplomatic or Consular Representative.*

Address elected to the purpose of the selection:

City \_\_\_\_\_ (Province \_\_\_\_\_) Street \_\_\_\_\_ Zip \_\_\_\_\_  
phone number \_\_\_\_\_ e-mail: \_\_\_\_\_;

(Foreign citizens please indicate the address elected as domicile in Italy)

Date,

Signature