

Personal information	<p>CLINICAL PSYCHOLOGY FOR INDIVIDUALS, FAMILIES AND ORGANIZATIONS Application for assessment of minimum curricular requirements and of adequate personal knowledge. Foreign student with a non-Italian educational qualification.</p> <p>FAMILY NAME..... FIRST NAME..... PLACE OF BIRTH (place and country)..... DATE OF BIRTH..... NATIONALITY..... ADDRESS..... TOWN..... COUNTRY..... MOBILE PHONE..... E-MAIL..... SKYPE ADDRESS.....</p>
Secondary school diploma	<p>SECONDARY SCHOOL DIPLOMA (name of certificate obtained): YEARS OF SCHOOL ATTENDANCE.....</p>
Foreign university degrees/certification of higher education	<p>UNIVERSITY..... DEPARTMENT..... NAME OF COURSE..... DATE OF GRADUATION FINAL GRADE..... LEGAL DURATION OF THE DEGREE PROGRAM</p>

SURNAME NAME.....

PART A

For the following Scientific Areas list the courses you attended in your career

Major areas of study	Disciplines accomplished	Ects (credits) if available	Years of study	Hours per year of study	Note (to be filled by the academic board)
Clinical and dynamic psychology	1..... 2..... 3..... 4.....				
Cognitive and/or behavioral psychology	1..... 2..... 3..... 4.....				
Social psychology	1..... 2..... 3..... 4.....				
Research methods and statistics	1..... 2..... 3..... 4.....				

SURNAME NAME.....

PART B

Please list other training/ extra-curricular activities including non-university activities (professional training courses, seminars, internships, jobs)

To be completed by the student

Description	Hosting organization	Dates	Tot. no. of hours	Notes be completed by the academic board

D)

Please list your English Language qualifications (see “Recognized Certificates”)

English certification	Certifying Body	Exam date	Scores

SURNAME NAME.....