

## Conditional Enrollment Self-declaration

NAME:.....

SURNAME:.....

BORN IN (city and country):.....

BACHELOR'S DEGREE:.....

GRADUATION DATE (on final diploma):.....

*I acknowledge that I have read and understood all the admission requirements as per Article 2 of Call for applications to 1<sup>st</sup> and 2<sup>nd</sup> level Professional Master's Programmes Academic Year 2025/2026*

*I hereby confirm that:*

- *I hold a university degree obtained abroad;*
- *I am aware that I must obtain the recognition of that qualification for the purposes of admission to the Master in Human Resources and Organization (as per Articles 2 - 3 of the Official Call);*
- *It is my responsibility to obtain the above-mentioned recognition of the degree and that I must submit it to the Master's office (master@unibo.it) by January 31<sup>st</sup> 2026;*
- *The submission of the recognition of my qualification is a requisite to obtaining the 1st level Professional Master in Human Resources and Organization.*
- *In the case that I do not present the recognition document and am therefore not awarded the 1st level Professional Master's title, I accept that all tuition fees paid are non-reimbursable;*
- *Subsequent to enrollment I will present to the Masters Office the residence permit, or copy of the receipt confirming the application for the permit (see Art. 5 of the Official Call).*

.....  
Date

.....  
Signature

[PLEASE SEND BACK VIA E-MAIL TO [humanresources@bbs.unibo.it](mailto:humanresources@bbs.unibo.it)]