

Conditional Enrollment Self-declaration

NAME:	
SURNAME:	
BORN IN (city and country):	
BORN ON (dd/mm/yyyy):	
BACHELOR'S DEGREE:	
UNIVERSITY:	
GRADUATION DATE (on final diploma):	
I acknowledge that I have read and understood a	ll the admission requirements as per Article 2 of the official
Call for Applications ("Call for applications for a	dmission to the Professional Master Programme I level in
Data Science and Business Analytics").	
I hereby confirm that:	
- I hold a university degree obtained abroad	d;
- I am aware that I must obtain the recogn	ition of that qualification for the purposes of admission to
the programme (as per Article 4 of the Oi	fficial Call);
- It is my responsibility to obtain the above i	mentioned recognition of the degree and that I must submit
it to Bologna Business School as soon as p	possible;
- The submission of the recognition of i	my qualification is a requisite to obtaining the 1st level
Professional Master in Data Science and E	Business Analytics;
- In the case that I do not present the recog	nition document and am therefore not awarded the 1st level
Professional Master's title, I accept that al	l tuition fees paid are non-reimbursable.
- Subsequent to enrollment I will present t	o the Masters Office the residence permit, or copy of the
receipt confirming the application for the	permit (see Art. 12 of the Official Call).
Date	Signature

[PLEASE SEND BACK VIA E-MAIL TO datascience@bbs.unibo.it]