

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 1st and 2nd level Professional Master's Programmes Academic Year 2026/2027**

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 (name of the master's Programme)
(as per Articles 2 - 3 of the Official Call);
- It is my responsibility to obtain the above-mentioned recognition of the degree and submit the documentation, also in presence, to the Master's office (master@unibo.it) by January 31st 2027;
- (Only for non-EU student): It is my responsibility to make an appointment with the Master's Office as soon as I receive the receipt for my residence permit application and, at that appointment, I will present either my original qualifications (if online verification is not possible) and the residence permit / copy of the receipt confirming its application (see Art. 5 of the Official Call).
- The submission of the recognition of my qualification is a requisite to obtaining the 1st level Professional Master (name of the master's Programme)_____
- 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;

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Date

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Signature