

ALLEGATO A1**DICHIARAZIONE SOSTITUTIVA DI CERTIFICAZIONE
E
DICHIARAZIONE SOSTITUTIVA DI ATTO DI NOTORIETA'**

**Rese ai sensi degli articoli 46 e 47 del D.P.R. 28 dicembre 2000, n. 445
(i soggetti a cui possono essere applicate le norme relative al testo unico delle disposizioni legislative e regolamentari in materia di documentazione amministrativa sono i cittadini italiani e i cittadini comunitari. I cittadini extracomunitari non possono avvalersi della dichiarazione sostitutiva e, in base al D.P.R. 28 dicembre 2000, n. 445 devono produrre documentazione mediante certificati o attestazioni rilasciati dalla competente autorità dello Stato estero, corredati di traduzione in lingua italiana autenticata dall'autorità consolare italiana che ne attesta la conformità all'originale)**

Il/La sottoscritto/a, consapevole che le dichiarazioni false, l'indicazione di dati non corrispondenti al vero e l'uso di atti falsi sono puniti con specifiche sanzioni penali e con la perdita dei benefici eventualmente conseguiti (articoli 75 e 76 del D.P.R. n. 445/2000), dichiara che i dati riguardanti la propria persona sono i seguenti:

Cognome _____ Nome _____
nato a _____ il _____
Codice fiscale _____
Cittadinanza _____
Residenza _____

Dichiara altresì che i sottoriportati titoli, prodotti in copia, sono conformi all'originale

Data,

(Firma dell'interessato)

APPENDIX A2

DECLARATION SUBSTITUTE FOR CERTIFICATE AND DECLARATION SUBSTITUTE FOR ACT OF NOTORIETY

Made in pursuance of articles 46 and 47 of Italian Legal Decree N° 445 dated 28 December 2000 (i soggetti a cui possono essere applicate le norme relative al testo unico delle disposizioni legislative e regolamentari in materia di documentazione amministrativa sono i cittadini italiani e i cittadini comunitari. I cittadini extracomunitari non possono avvalersi della dichiarazione sostitutiva e, in base al D.P.R. 28 dicembre 2000, n. 445 devono produrre documentazione mediante certificati o attestazioni rilasciati dalla competente autorità dello Stato estero, corredati di traduzione in lingua italiana autenticata dall'autorità consolare italiana che ne attesta la conformità all'originale)

The undersigned, aware that making false declarations, providing data that do not correspond to the truth and using false documents are punishable by law with specific criminal penalties and with the loss of any benefits that may have been achieved thereby (articles 75 and 76 of Decree of the President of the Republic N° 445/2000), hereby makes the following declaration of personal information:

Surname _____ Given name(s) _____

Born in _____ date _____

Tax code (if you have one) _____

Citizenship _____

Address of usual residence _____

I also declare that the qualifications listed below, produced as copies, comply with the originals

Date,

(Signature) _____

ALLEGATO B**ACADEMIC REFERENCE FORM**

APPLICANT'S SURNAME AND NAME _____

Degree Applying for (select one): Ph.D. Programme in Economics Ph.D. Programme in Labour Studies Ph.D. Programme in Political Studies Ph.D. Programme in Sociology**Planning to Enroll:** Fall 2008**Applicant's Waiver**

The following waiver statement is provided in accordance with Italian privacy law. You may waive your right to inspect this reference by signing the statement at your own discretion. Should you decide not to sign, you may have access to the reference when you enrol in the graduate school.

This is a confidential reference and will not be disclosed to me without the prior consent of the referee.

APPLICANT'S SIGNATURE _____ DATE _____

REFEREE'S NAME _____ TITLE, EMPLOYER _____

ADDRESS _____ E-MAIL _____

1. How long have you known the applicant?

 <1 yr 1 yr 2 yrs 3 yrs 4 yrs > 5 yrs2. In what capacity do you know the applicant? Professor Employer/Manager/Supervisor Colleague Other

3. On the following scale, please rate the applicant relative to other students/employees/applicants you have known:

Scholarship	<input type="radio"/> Top 50%	<input type="radio"/> Top 25%	<input type="radio"/> Top 10%	<input type="radio"/> Top 5%	<input type="radio"/> Top 2%
Writing Skills	<input type="radio"/> Top 50%	<input type="radio"/> Top 25%	<input type="radio"/> Top 10%	<input type="radio"/> Top 5%	<input type="radio"/> Top 2%
Maturity	<input type="radio"/> Top 50%	<input type="radio"/> Top 25%	<input type="radio"/> Top 10%	<input type="radio"/> Top 5%	<input type="radio"/> Top 2%
Originality	<input type="radio"/> Top 50%	<input type="radio"/> Top 25%	<input type="radio"/> Top 10%	<input type="radio"/> Top 5%	<input type="radio"/> Top 2%
Openness to other cultures	<input type="radio"/> Top 50%	<input type="radio"/> Top 25%	<input type="radio"/> Top 10%	<input type="radio"/> Top 5%	<input type="radio"/> Top 2%
Academic Potential	<input type="radio"/> Top 50%	<input type="radio"/> Top 25%	<input type="radio"/> Top 10%	<input type="radio"/> Top 5%	<input type="radio"/> Top 2%

Please **attach a frank letter** addressing the following questions.

1. What are this applicant's major strengths?
2. What are this applicant's major weaknesses?
3. Please describe the quality of the applicant's contributions in a group/team environment (professional or classroom).
4. Please rate the applicant relative to other graduate school applicants you have known.
5. If the applicant's native language is not English, please comment on his/her abilities in English.

REFEREE'S SIGNATURE _____ DATE _____

MAILING INSTRUCTIONS: Please send the completed form together with the letter of academic reference **directly to: Segreteria, Graduate School in Social, Economic and Political Sciences, Via Pace 10, 20122 Milan (Italy).** In urgent cases facsimiles of the signed documents may be faxed to +39 02 503 18979 or emailed to graduate.school@unimi.it, but the originals should be sent by regular mail nevertheless.

Thank you for your cooperation.

ALLEGATO C**ACADEMIC REFERENCE FORM**

APPLICANT'S SURNAME AND NAME _____

Degree Applying for: Ph.D. Programme in Economics Ph.D. Programme in Labour Studies Ph.D. Programme in Political Studies Ph.D. Programme in Sociology**Planning to Enroll:** ■ Fall 2008**Applicant's Waiver**

The following waiver statement is provided in accordance with Italian privacy law. You may waive your right to inspect this reference by signing the statement at your own discretion. Should you decide not to sign, you may have access to the reference when you enrol in the graduate school.

This is a confidential reference and will not be disclosed to me without the prior consent of the referee.

APPLICANT'S SIGNATURE _____ DATE _____

REFEREE'S NAME _____ TITLE, EMPLOYER _____

ADDRESS _____ E-MAIL _____

1. How long have you known the applicant?

 < 1 yr 1 yr 2 yrs 3 yrs 4 yrs > 5 yrs2. In what capacity do you know the applicant? Professor Employer/Manager/Supervisor Colleague Other

3. On the following scale, please rate the applicant relative to other students/employees/applicants you have known:

Scholarship	<input type="radio"/> Top 50%	<input type="radio"/> Top 25%	<input type="radio"/> Top 10%	<input type="radio"/> Top 5%	<input type="radio"/> Top 2%
Writing Skills	<input type="radio"/> Top 50%	<input type="radio"/> Top 25%	<input type="radio"/> Top 10%	<input type="radio"/> Top 5%	<input type="radio"/> Top 2%
Maturity	<input type="radio"/> Top 50%	<input type="radio"/> Top 25%	<input type="radio"/> Top 10%	<input type="radio"/> Top 5%	<input type="radio"/> Top 2%
Originality	<input type="radio"/> Top 50%	<input type="radio"/> Top 25%	<input type="radio"/> Top 10%	<input type="radio"/> Top 5%	<input type="radio"/> Top 2%
Openness to other cultures	<input type="radio"/> Top 50%	<input type="radio"/> Top 25%	<input type="radio"/> Top 10%	<input type="radio"/> Top 5%	<input type="radio"/> Top 2%
Academic Potential	<input type="radio"/> Top 50%	<input type="radio"/> Top 25%	<input type="radio"/> Top 10%	<input type="radio"/> Top 5%	<input type="radio"/> Top 2%

Please **attach a frank letter** addressing the following questions.

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REFEREE'S SIGNATURE _____

DATE _____

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Thank you for your cooperation.

ALLEGATO D¹

I, (Surname) _____ (Name) _____

Passport or identity card: no. _____

ask to sit the entrance examination in my own country. For this purpose:

- I am indicating where I will sit the examination:

 The University of _____

 The Institute of _____

 The Italian Embassy in _____
LOCATED IN

Address		No.	Zip Code:
Town/City:		Country:	
Telephone:			

- I declare under my own responsibility that I will be identified by the following person²:

SURNAME: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

TEL.: _____

E-MAIL: _____

QUALIFICATION: _____

PASSPORT OR IDENTITY CARD: NO. _____

Date _____

Signature _____

1 To complete only if the applicant is a foreign national not resident in Italy who wishes to sit the entrance exam in his/her home country.

2 The person who is going to identify the candidate cannot be the candidate.