



Application form

**The Rector  
Humanitas University**

I, the undersigned \_\_\_\_\_

born on (date) \_\_\_\_\_ in \_\_\_\_\_ Nationality:

\_\_\_\_\_

Italian tax code (if applicable) \_\_\_\_\_

resident in \_\_\_\_\_ address \_\_\_\_\_

n° \_\_\_\_\_ Post code \_\_\_\_\_ tel/mobile: \_\_\_\_\_

e-mail: \_\_\_\_\_

submit an application to be admitted for selection for Humanitas University **University  
Advanced programme in Laser Dentistry, academic year 2019/2020;**

declare that I am aware of the criminal liability I may incur in the event of the presentation of false statements, and of the forfeiture of entitlement to any benefits gained from provisions issued as a result of false statements, pursuant to articles 75 and 76 of Presidential Decree 28 December 445/2000;

declare I have read the call for applications and accept all the conditions set forth therein, and declare that I am in possession of the following qualifications:

Degree in \_\_\_\_\_ or equivalent  
qualification obtained in (year) \_\_\_\_\_ with final mark of  
\_\_\_\_\_ out of a maximum mark of \_\_\_\_\_  
from \_\_\_\_\_ (university)

Specialty school training in \_\_\_\_\_



obtained in (year) \_\_\_\_\_ with final mark of \_\_\_\_\_  
\_\_\_\_\_ out of a maximum score of \_\_\_\_\_

from (university) \_\_\_\_\_

PhD in \_\_\_\_\_

obtained in (year) \_\_\_\_\_ with (mark) \_\_\_\_\_

from (university) \_\_\_\_\_

Other qualifications (experience in Laser Dentistry)

\_\_\_\_\_  
\_\_\_\_\_

I declare that:

I am a registered with (professional association) \_\_\_\_\_

\_\_\_\_\_ in (state/province/country) \_\_\_\_\_

I also declare (specify any other requirements required in the call for applications):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_

SIGNED

\_\_\_\_\_