

**To the Rector
of Humanitas University**

The undersigned (NAME) _____ (SURNAME) _____
born on (DATE) _____ in (CITY, COUNTRY) _____
Citizen of (COUNTRY/IES) _____
Residence address _____
E-mail _____ Mobile _____

I ask to participate in the admission procedure the Post Graduate Master in **Endoluminal Therapeutic Endoscopy** offered by Humanitas University for the A.Y. 2026/27.

To this end, aware of the penalties provided for in the event of a false declaration and of the forfeiture of any benefits obtained as a result of the measure issued on the basis of the untruthful declaration (Articles 75 and 76 of Presidential Decree no. 445 of 28 December 2000), having read the selection notice and accepted all the conditions and requirements provided for therein, declares under his/her own responsibility to be in possession of the following qualifications:

- ☐ Bachelor's/Master's/Master's degree _____ obtained in the academic year _____ at the University of _____ with a grade _____ and a final thesis on the topic _____
- ☐ Qualification to practice the profession obtained in year _____ at the University of _____ (or any other competent institution)

I also declare:

- ☐ to be registered in the _____ Order/Register of the Province of _____

I also declare I possess the following titles/qualifications (Specialization, PhD, publications, professional experience...)

- ☐ _____
- ☐ _____

DATE _____

SIGNATURE
