

SUBSTITUTIVE DECLARATION OF CERTIFICATION and/or AFFIDAVIT

(pursuant to Presidential Decree no. 445 of 28 December 2000 - *Testo Unico delle disposizioni legislative e regolamentari in materia di documentazione amministrativa*)

I, the undersigned _____
(Surname)

_____ M F
(Name) (sex)

born in (place): _____ Country _____ on (date) _____

nationality/citizenship _____

as regards my application for the following 2nd-level Professional Master's programme:

Master Universitario di secondo livello in Farmacovigilanza, Farmacoepidemiologia, Farmacoeconomia e Real World Evidence, for academic year 2022/2023,

HEREBY DECLARE AS FOLLOWS:

I wish to apply for the following curriculum/curricula*:

Curriculum 1: FV & DRF – FARMACOVIGILANZA E DISCIPLINE REGOLATORIE DEL FARMACO _____

Curriculum 2: 3F & RWD – FARMACOEPIDEMIOLOGIA, FARMACOSORVEGLIANZA, FARMACOECONOMIA E ANALISI DI REAL WORD DATA _____

no preference _____

*** Please note: you can indicate your preference for curriculum 1, curriculum 2, both, or neither. If you tick two boxes, please indicate the order of preference in the relevant blank space.**

Date

signature