

**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)

\_\_\_\_\_   
 (Name)

M  F

(Sex)

born in (*place*):

\_\_\_\_\_   
 **Country**

\_\_\_\_\_   
 **on (date)**

nationality/citizenship

\_\_\_\_\_

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

**Master Universitario di secondo livello in Farmacovigilanza, Farmacoepidemiologia, Farmacoeconomia e Real World Evidence**, for academic year 2021/2022,

**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 .....