Professional Training course in

WATER HARVESTING FOR MICROCLIMATE MANAGEMENT
(Taught in English)

*Academic year 2019/20*

THE UNDERSIGNED

| Family name |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Name        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Tax code    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Date of birth |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Place of birth |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Country of birth |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Citizenship  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Street address|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Zip Code    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Phone number |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mobile phone |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| E-mail      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Contact *(fill only if different from resident address)*

| Street address|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Zip Code    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Country    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Insert a picture signed on the right or left side
ASK TO BE REGISTERED FOR THE ACADEMIC YEAR 2019/20

to the Professional Training course in
WATER HARVESTING FOR MICROCLIMATE MANAGEMENT

☐ as an ordinary candidate
☐ as a candidate from emerging countries

For this purpose, according to the Italian laws on self-certification (artt. 46 – 47 D.P.R. 28 December 2000 n. 445) and informed that whoever provides false information will lose the benefits and incur in penalties for false declaration according to the articles n. 75 and 76, of the cited law,

DECLARES UNDER HIS/HER OWN RESPONSABILITY

☐ To have the following high school diploma:

____________________________________________________________________________
High school name ______________________________ City____________________________
Zip Code __________ Street address______________________________ N. __
School year __________/________ with marks __________ on __________;

☐ To have the following Bachelor’s degree

University ______________________________ City____________________________
Zip Code __________ Street address ______________________________ N. __
School year __________/________ with marks __________ on __________;

DECLARES, ALSO

- to be not enrolled in any course belonging to D.M. 10 September 2010, n. 249.
- to be aware of the rules and terms provided in the notice
- to be aware that in the case of confirmation of non-validity of what declared, subject to penal responsibility in case of false declaration, it will result in the automatic exclusion and the consequent inability to enroll

For the exemption of payment of the registration fee, DECLARES, ALSO

To be a student with disabilities, as indicated by the attached certification issued by the competent bodies, with:
☐ recognition of handicap pursuant to Article 3, paragraph 1 of Law 5/2/1992, no. 104;
☐ recognized disability equal to or greater than 66%.

Attached documents (for all the candidates)
☐ Copy of a valid identity document (ID card or passport)
High school diploma or Bachelor’s degree (not for students with an Italian degree). The title must be presented in original or certified copy, with official translation into Italian, legalization and “declaration of value at the place” by the Italian diplomatic or consular representation of the country where the document was issued.

- Certification of English proficiency (minimum level A2);
- Curriculum vitae et studiorum
- Registration-fee receipt (only for ordinary candidates):
  Payment receipt of registration (€ 166,00) through bank transfer To University of Florence
  Bank: Unicredit S.p.A., Agenzia Firenze, Via de’Vecchietti 11
  Number of bank account: 000041126939
  BIC SWIFT code: UNCRITM1F86
  IBAN IT 88 A 02008 02837 000041126939
  Description: (name of the applicant), professional training course “Water Harvesting for microclimate management”, A.A. 2019/2020
  N.B.: for the on-line bank transfer, it is necessary to attach the payment receipt, the transfer order is not valid.

To submit this application form and all the other requested documents you have to register and log-in at the web-address https://sol.unifi.it/postlauream/login.jsp, then choose the course from the list in the next page and follow the instructions to attach the application form and the required documents.

(date) __________________________ (signature) __________________________

COMMUNICATION AND CIRCULATION OF PERSONAL DATA
According to art. 11 of the Regolamento di attuazione del codice di protezione dei dati personali in possesso dell’Università degli Studi di Firenze (Regulation of the protection of personal data in possession of the University of Florence) and being understood that the undersigned has the right to oppose for legitimacy reasons according to art. 7 of the D. L.gs 30/6/2003, n. 196, the undersigned permits communication and circulation of his/her personal data in possession of the University of Florence, to public and private bodies and authorities which will ask those data in order to assist and support vocational guidance, training and inclusion, in Italy and abroad, of students and graduates:

(date) __________________________ (signature) __________________________