

KNOWLEDGE OF ITALIAN LANGUAGE-LEVEL B2 pre-admission application attachment for Non-EU students to three-year degree programs and single-cycle degree programs, not nationally programmed, delivered in the Italian language

Full name _____

Place of birth _____

Date of birth ____/____/____ (dd/mm/yyyy)

DECLARE

1) that he/she is exempt from the Italian language test as it is included in the cases provided in Part III Knowledge of the Italian language point 1.2 of the Ministerial Circular "Procedures for the entry, stay, enrollment of international students and the related acknowledgement of qualifications, for higher education courses in Italy";

2) that he/she wishes to be tested in the Italian language at the University of Parma as indicated in Annex B "Technical modalities for the Italian language test".

Upon reading the notice, I authorize the use of my personal data in accordance with Legislative Decree 196/03.

Place and Date _____

Student Signature