

WRITE IN CAPITAL LETTERS

MOD. A38-1

A.Y. \_\_\_\_\_  
(indicate the academic year)

**DECLARATION OF DISABILITY EQUAL OR GREATER THAN 66%  
AND "HANDICAP RECOGNITION"**

**REQUIRED FOR THE SELECTION EXAM OF COURSES WITH A PROGRAMMED NUMBER OF STUDENTS**

To the Magnificent Rector  
of the University of Parma

I, the undersigned .....  
D.O.B. .... Place of birth .....  
CF (Italian Tax Code) ..... Nationality .....  
Resident in (city)..... Province ..... CAP .....  
Street Address .....  
tel: ..... cell ..... e-mail .....

- state that I am aware that in the event of false declarations, forgery and use of false documents, I will incur the penalties laid down in the Criminal Code and in the relevant Italian laws;
- and also that I shall forfeit, with retroactive effect, the benefits deriving from the measure issued on the basis of a false declaration according with the Italian Law;

**I declare under my own responsibility**

- to be in possession of and attach a copy of the declaration of disability diagnosis legalized by a proper competent authority (please, verify the competent authority responsible in your own country)
- that I have applied for admission for the A.Y. 2023-2024 to

- Undergraduate Degree course  
.....
- Post-graduate Degree .....
- Single-cycle Master's degree course .....

- Doctorate course .....
- Master's degree course .....
- School of Specialisation .....
- To be:
- civil invalid with a percentage of .....
- "handicap holder" according with the Italian Law as declared by a proper authorized competent Sanitary Commission of.....the day.....
- That If I pass the test and enrol at the University of Parma, I undertake to submit, by 30 April 2024, the updated certification
  - To have the following exigencies, declared below, to join the recruitment exam
  - That I am aware that the following requirements must be agreed in advance with the agreed with the President of the Commission

**I request**

to be able to take advantage of the following compensatory measures during the admission test, (it is possible to choose one or more of the compensatory measures listed below):

- additional time (equal to 50% more)
- possibility of being supported by a tutor reader/writer
- Compensatory instruments/measure (please, point out which).....

\_\_\_\_\_  
(date & place)

\_\_\_\_\_  
(signature)

N.B. This form should be sent from your university email address to: [protocollo.cai@unipr.it](mailto:protocollo.cai@unipr.it) (if sent from your personal e-mail address, please attach a copy of your identification document) by the deadline for registration for the selection exam.