



Allegato 1 – A.Y. 2025/26

CLINICAL, SOCIAL AND INTERCULTURAL PSYCHOLOGY

Evaluation form

Please note that:

- This form includes writeable fields, which you need to fill out directly on your computer. Hand-filled and scanned forms **are not going to be evaluated**.
- The evaluation is based solely on the information requested in this form: please do not manipulate its structure or provide extra attachments as they **are not going to be evaluated**.

PERSONAL INFORMATION

Last/family name: _____
First name: _____
Birth date (DD/MM/YYYY): _____
Birth place: _____
Country of citizenship: _____
Country of residence: _____

ACADEMIC DEGREE

BACHELOR'S

Bachelor's degree in: _____
University & Country: _____
Language of instruction: _____
Graduation date or expected graduation date (YY, MM): _____
Standard duration of the program (in years): _____
Final grade (if already obtained)¹: _____
Number of exams sat successfully at the moment of the application (over the total number of exams): _____
Weighted average grade of exams (CGPA)²: _____
You have already obtained or are about to obtain a Master's degree³ in Psychology: ☐ YES ☐ NO

1 In the event that the qualification is obtained abroad, you do not need to fill in this field as its conversion to the Italian scale will be determined by the relevant office and the academic committee, based on the degree documents you provided through your application on apply.unipd.it.

2 If you are graduating/have graduated in Italy, please provide the weighted average of grade of exams; if you are graduating/have graduated abroad, if a numerical scale cannot be used, please insert the median value (CGPA).

3 Select "YES" in this field only if the Master's degree is in Psychology. If you obtained or are about to obtain a Master's degree in any other subject, please select "NO".

INTERNSHIPS, RESEARCH ACTIVITIES AND WORK EXPERIENCES

Please list relevant professional activities (if any). The Admission Board will evaluate only work experiences, traineeships, volunteer work and research experiences in the field of psychology that lasted at least one month. Non-relevant work experiences (e.g., baby-sitting, disabled and elderly care, etc.) will not be evaluated. List below up to 5 internships/work experiences/research experiences, starting from the most recent.

Experience 1 – lasting at least one month

Was it part of your degree programme: ☐ YES ☐ NO

Type of experience (e.g., research collaboration, training, ...): _____

Hosting institution (e.g., school, hospital, organization...): _____

Country where the activity has been carried out: _____

Period (YY, MM): from _____ to _____ for a total of _____ hours

Brief description of the activities: _____

Name and email of the supervisor of the activities carried out (if any): _____

Experience 2 – lasting at least one month

Was it part of your degree programme: ☐ YES ☐ NO

Type of experience (e.g., research collaboration, training, ...): _____

Hosting institution (e.g., school, hospital, organization...): _____

Country where the activity has been carried out: _____

Period (YY, MM): from _____ to _____ for a total of _____ hours

Brief description of the activities: _____

Name and email of the supervisor of the activities carried out (if any): _____

Experience 3 – lasting at least one month

Was it part of your degree programme: ☐ YES ☐ NO

Type of experience (e.g., research collaboration, training, ...): _____

Hosting institution (e.g., school, hospital, organization...): _____

Country where the activity has been carried out: _____

Period (YY, MM): from _____ to _____ for a total of _____ hours

Brief description of the activities: _____

Name and email of the supervisor of the activities carried out (if any): _____

Experience 4 – lasting at least one month

Was it part of your degree programme: ☐ YES ☐ NO

Type of experience (e.g., research collaboration, training, ...): _____

Hosting institution (e.g., school, hospital, organization...): _____

Country where the activity has been carried out: _____

Period (YY, MM): from _____ to _____ for a total of _____ hours

Brief description of the activities: _____

Name and email of the supervisor of the activities carried out (if any): _____

Experience 5 – lasting at least one month

Was it part of your degree programme: ☐ YES ☐ NO

Type of experience (e.g., research collaboration, training, ...): _____

Hosting institution (e.g., school, hospital, organization...): _____

Country where the activity has been carried out: _____

Period (YY, MM): from _____ to _____ for a total of _____ hours

Brief description of the activities: _____

Name and email of the supervisor of the activities carried out (if any): _____

TERMS & CONDITIONS AGREEMENT AND SIGNATURE

The candidate, aware of the legal consequences of making untruthful declarations or producing or using false deeds under Art. 76 of the Italian Presidential Decree no. 445 dated 28/12/2000, and the additional sanctions under art. 75 and 76 of the above mentioned Presidential Decree no. 445 dated 28/12/2000, consisting of forfeiture of any benefits resulting from provisions based on untruthful declarations,

HEREBY DECLARES THAT

- He/she knows and accepts all the rules stated in the Call for admission
- The above-reported information is true
- He/she complies with all the requirements of the Call for admission
- He/she has been informed, pursuant to and in accordance with the European Union Regulation no.2016/679 and Legislative Decree no. 101/2018, that personal information will be used, also through computer processing, exclusively for the purposes of the procedure for which this declaration is presented.

Signature

and Date

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