



UNIVERSITÀ
DEGLI STUDI
DI PADOVA

Allegato 3 – A.Y. 2025/26

**MASTER'S DEGREE IN
COGNITIVE NEUROSCIENCE
AND CLINICAL NEUROPSYCHOLOGY**
Evaluation form

*This form includes dynamic fields; please fill out them directly on your computer.
FORMS FILLED OUT BY HANDWRITING WILL BE NOT EVALUATED*

PERSONAL INFORMATION

Last/family name: _____ First name: _____ Age (in years): _____
Birth place (country): _____ Country of citizenship: _____ Country of residence: _____

ACADEMIC DEGREES – Average grades in core exams and Congruency

First, enter details of your Bachelor's degree in Psychology. If you have more than one Bachelor's degree, you can add others in the field OTHER DEGREES below.

BACHELOR'S

Bachelor's degree in: _____
University & Country: _____
Language of instruction: _____
Title of thesis (if available): _____
Graduation date (YY, MM) or expected graduation date (YY, MM): _____
Standard duration of the program (in years): _____
Final grade (if already obtained) or GPA (average of the exams so far passed); **the grading scale of reference must be reported as well** (e.g., 8.5/10 or 102/110 or 17.8/20): _____
Final grade or GPA with reference to the % of maximum grade (e.g. 28.5/30 = 95 %; 17.8/20= 89%): _____%

OTHER DEGREES

You can now enter details about other (up to 2) degrees you have (Bachelor's, Master's, PhD).

Degree 2

Type of degree: _____
University & country: _____
Degree in: _____
Language of instruction: _____
Degree already obtained: ☐ YES ☐ NO
Standard duration of the program: (in years) _____
Title of thesis (if available): _____

Degree 3

Type of degree:

University & country: _____

Degree in: _____

Language of instruction: _____

Degree already obtained: ☐ YES ☐ NO

Standard duration of the program: (in years) _____

Title of thesis (if available): _____

INTERNSHIPS

Please list relevant internships (if any). List any internship here below.

Add separate entries for each activity, starting from the most recent.

Internship 1

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

Type of internship: _____

Name and ECTS credits in case it is listed in the transcript of records: _____

Was it a voluntary internship? ☐ YES ☐ NO

Hosting institution: _____

The activity was in the country of residence or abroad? ☐ Country of residence ☐ Abroad

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

Name, role and contact (e-mail preferably) of the supervisor: _____

Brief description of the activities: _____

Internship 2

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

Type of internship: _____

Name and ECTS credits in case it is listed in the transcript of records: _____

Was it a voluntary internship? ☐ YES ☐ NO

Hosting institution: _____

The activity was in the country of residence or abroad? ☐ Country of residence ☐ Abroad

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

Name, role and contact (e-mail preferably) of the supervisor: _____

Brief description of the activities: _____

Internship 3

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

Type of internship: _____

Name and ECTS credits in case it is listed in the transcript of records: _____

Was it a voluntary internship? ☐ YES ☐ NO

Hosting institution: _____

The activity was in the country of residence or abroad? ☐ Country of residence ☐ Abroad

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

Name, role and contact (e-mail preferably) of the supervisor: _____

Brief description of the activities: _____

ACTIVITIES

This section includes the following activities:

- Erasmus or exchange programs (to be reported first)
- Educational activities (e.g., summer/winter schools, workshops, seminars), especially if conducted abroad (please note that the Admission Board will not consider periods spent abroad with the sole purpose of learning a foreign language or residence for study prior to university)
- Work experiences/research experiences related to psychology (the Admission Board will evaluate only work/research experiences, in the field of experimental psychology, neuropsychology and psychometrics. Non-relevant work experiences (e.g., baby-sitting, disabled and elderly care, etc.) will not be evaluated)

List the most relevant activities with a **maximum of 3** (if you participated in more than 3 activities, choose the three that are most relevant in the field of psychology and those that have lasted longer).

Activity 1

Type of activity (e.g. Erasmus): _____

Hosting institution: _____

The activity was in the country of residence: ☐ YES ☐ NO

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

Brief description of activities:

Name and email of activity supervisor (if any): _____

Activity 2

Type of activity: _____

Hosting institution: _____

The activity was in the country of residence: ☐ YES ☐ NO

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

Brief description of activities:

Name and email of activity supervisor (if any): _____

Activity 3

Type of activity: _____

Hosting institution: _____

The activity was in the country of residence: ☐ YES ☐ NO

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

Brief description of activities:

Name and email of activity supervisor (if any): _____

SCIENTIFIC PUBLICATIONS AND CONFERENCE TALKS

Only peer-reviewed scientific papers, published proceedings, book chapters, and talks in conferences will be evaluated. Presentations, essays, or talks belonging to the activities within the candidate's study program will not be considered.

Type of publications	Number of publications	For each publication, provide author/s name, title of the publication, year of publication, journal/book title, volume number, page/s number, DOI or ISSN number; for each talk provide: title of the talk, date of the talk, name of the conference

Papers published in peer-reviewed journals	_____	_____
Papers published in conference proceedings	_____	_____
Book chapters	_____	_____
Published abstracts	_____	_____
Conference talks	_____	_____

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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Please sign and upload the completed form as a pdf file.

FORM IN A FORMAT DIFFERENT FROM PDF (E.G., WORD) OR NOT SIGNED WILL BE NOT EVALUATED.