



Allegato 1 – A.Y. 2026/27

APPLIED CHILD AND ADOLESCENT PSYCHOLOGY

Evaluation Form

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

SECTION A: PERSONAL INFORMATION

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

SECTION B: ACADEMIC DEGREES

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.

University: _____
Bachelor's degree in: _____
From (YY, MM): _____
To (YY, MM) or expected to (YY, MM): _____
Language of instruction: _____
Standard duration of the programme (in years): _____

Total amount of credits envisaged by the degree: _____
Title of thesis (if available): _____

ANY OTHER ACADEMIC TITLE (up to 2):

Type of degree: _____
University: _____
Degree in: _____
Language of Instruction: _____
Degree already obtained: YES NO
Standard duration of the programme (in years): _____
Total amount of credits envisaged by the degree: _____
Title of the thesis (if available): _____

Type of degree: _____
University: _____
Degree in: _____
Language of Instruction: _____
Degree already obtained: YES NO
Standard duration of the programme (in years): _____

Total amount of credits envisaged by the degree: _____
Title of the thesis (if available): _____

SECTION C: INTERNSHIPS

Please list relevant internships (if any). Add separate entries (up to 4) for each activity, starting from the most recent. The Academic Commission will consider only internship or volunteering experiences in the field of psychology (no work experiences).

Internship 1

Was it part of your degree programme: YES NO

Type of internship: _____

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

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

Where did you do your internship? _____ Country of residence _____ Country of Study _____ Other

Period: from (YY, MM) _____ to: (YY, 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 number of credits in case it is listed in the transcript of records: _____

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

Where did you do your internship? _____ Country of residence _____ Country of Study _____ Other

Period: from (YY, MM) _____ to (YY, 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 number of credits in case it is listed in the transcript of records: _____

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

Where did you do your internship? _____ Country of residence _____ Country of Study _____ Other

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

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

Brief description of the activities: _____

Internship 4

Was it part of your degree programme: YES NO

Type of internship: _____

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

Hosting institution (school, hospital, organization...):

Where did you do your internship? _____ Country of residence _____ Country of Study _____ Other

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

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

Brief description of the activities:

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

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.**