

Allegato 1 – A.Y. 2023/24

MASTER'S DEGREE IN 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**.

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

BACHELOR'S

Bachelor's degree in: _____
 University: _____
 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 passed at the moment of the application (over the total number of exams): _____
 Weighted average grade of exams²: _____

You have already obtained or are about to obtain a Master's degree³ in Psychology: YES NO

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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 For Italian students, please provide the weighted average of grade of exams; for international students, if a numerical scale cannot be used, please insert the median value.

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".

SECTION C: 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
Type of experience (e.g., research collaboration): _____
Hosting institution: _____
The activity was in the country of residence: YES NO
Period (YY, MM): from _____ to _____
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
Type of experience: _____
Hosting institution: _____
The activity was in the country of residence: YES NO
Period (YY, MM): from _____ to _____
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
Type of experience: _____
Hosting institution: _____
The activity was in the country of residence: YES NO
Period (YY, MM): from _____ to _____
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
Type of experience: _____
Hosting institution: _____
The activity was in the country of residence: YES NO
Period (YY, MM): from _____ to _____
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

Type of experience: _____

Hosting institution: _____

The activity was in the country of residence: YES NO

Period (YY, MM): from _____ to _____

Brief description of the activities:

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

SECTION D: 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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