

Allegato 1 – A.Y. 2024/25

MASTER'S DEGREE IN COGNITIVE NEUROSCIENCE AND CLINICAL NEUROPSYCHOLOGY

Curriculum vitae

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

SECTION A: PERSONAL IN	FORMATION	
Last/family name:	First name:	Age (in years):
Birth place (country):	Country of citizenship:	Age (in years): Country of residence:
SECTION B: ACADEMIC DE First, enter details of your Bachelor's de add others in the field OTHER DEGRE	egree in Psychology. If you have more	e than one Bachelor's degree, you can
BACHELOR'S Bachelor's degree in:	cted graduation date (YY, MM): in years): GPA (average of the exams so far p 10 or 102/110 or 17.8/20):	passed); the grading scale of reference
OTHER DEGREES You can now enter details about other	(up to 2) degrees you have (Bachelor	's, Master's, PhD).
	ES O NO : (in years)	

Degree 3				
Type of degree:				
University & country:				
Degree in:				
Language of instruction: Degree already obtained: O YES O NO				
Degree already obtained: O YES O NO				
Standard duration of the program: (in years)				
Title of thesis (if available):				
SECTION C: ENGLISH B2 CERTIFICATE				
Please tick the box that describes your situation and provide all the	ne related information			
To know which certificates are accepted and when an exception is				
www.unipd.it/en/studying-padua/admission/language-requiremen				
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 I have already earned a B2 level certificate 				
Type of certificate (e.g., IELTS 5):				
Certification date (YY, MM):				
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□ I will earn a B2 level certificate by 31 July 2024				
 Expected type of certificate (e.g., IELTS 5): 				
 Expected certification date (YY, MM): 				
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□ I am a native English speaker				
□ I attended the upper secondary school or Universit	v in English			
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□ I have already earned a level certificate in	n Italian			
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□ I am a native italian speaker				
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□ I am NOT interested in learning italian				
SECTION D: INTERNSHIPS				
Please list relevant internships (if any). List any internship h				
Add separate entries for each activity, starting from the mo	st recent.			
Internship 1	0.110			
Was it part of your degree programme: O YES	O NO			
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Name and ECTS credits in case it is listed in the transcrip	of records:			
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Was it a voluntary internship? O YES	O NO			
Hosting institution:				
The activity was in the country of residence or abroad?	O Country of residence O 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:				
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Internship 2 Was it part of your degree programme: Type of internship:	O YES	O NO		
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Hosting institution: The activity was in the country of residence or a Period (YY, MM-MM): for a	broad? total of	O Country of residence hours	O Abroad	
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Internship 3	O VES	O NO		
Was it part of your degree programme: Type of internship: Name and ECTS credits in case it is listed in the				
Was it a voluntary internship?	O YES			
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Name, role and contact (e-mail preferably) of the Brief description of the activities:				
SECTION Dbis: 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 experiences, volunteer work and research experiences in the field of psychology. 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 psy				
Activity 1 Type of activity (e.g. Erasmus): Hosting institution: The activity was in the country of residence: Period (YY, MM): from to _ Brief description of activities:	O YES	O NO		
Name and email of activity supervisor (if any): _				
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SECTION F: PERSONAL MOTIVAT	<u>'ION</u>			
Please state below the main motivation you have for applying to the Cognitive Neuroscience and Clinical Neuropsychology Master's Degree program (max 2 sentences):				
SECTION G: TERMS & CONDITION	NS AGREEMENT AND SIGNATURE			
false deeds under Art. 76 of the Italian Presanctions under art. 75 and 76 of the above	ences of making untruthful declarations or producing or using sidential Decree no. 445 dated 28/12/2000, and the additional ve mentioned Presidential Decree no. 445 dated 28/12/2000, ing from provisions based on untruthful declarations,			
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