



UNIVERSITÀ
DEGLI STUDI
DI PADOVA

Allegato – Evaluation form A.Y. 2026/27

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

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 DEGREE

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): _____

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): _____

ACTIVITIES – INTERNSHIPS

Please list relevant internships (if any). 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: ☐ Neuropsychological ☐ Experimental ☐ Clinical ☐ Other (specify _____)

Name and number of ECTS credits (only if 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 e-mail of the supervisor: _____

Brief description of the activities: _____

Internship 2

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

Type of internship: ☐ Neuropsychological ☐ Experimental ☐ Clinical ☐ Other (specify _____)

Name and number of ECTS credits (only if 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 e-mail of the supervisor: _____

Brief description of the activities: _____

Internship 3

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

Type of internship: ☐ Neuropsychological ☐ Experimental ☐ Clinical ☐ Other (specify _____)

Name and number of ECTS credits (only if 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 e-mail of the supervisor: _____

Brief description of the activities: _____

ACTIVITIES – 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	_____	_____

ACTIVITIES - OTHER

This section includes the following activities:

- Erasmus, exchange programs and mobility periods (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: _____ Country where the activity was carried out: _____ Period: from (YY, MM): _____ to (YY, MM): _____ for a total of _____ hours Brief description of activities: _____ Name and email of activity supervisor (if any): _____

Activity 2

Type of activity: _____
Hosting institution: _____
Country where the activity was carried out: _____
Period: from (YY, MM): _____ to (YY, MM): _____ for a total of _____ hours
Brief description of activities: _____

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

Activity 3

Type of activity: _____
Hosting institution: _____
Country where the activity was carried out: _____
Period: from (YY, MM): _____ to (YY, MM): _____ for a total of _____ hours
Brief description of activities: _____

Name and email of activity supervisor (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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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.