



**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).*

<b>Activity 1</b>
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 \_\_\_\_\_

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.**