



Allegato 1 – A.Y. 2026/27

CLINICAL, SOCIAL AND INTERCULTURAL PSYCHOLOGY

Evaluation form

Please note that:

- 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.

PERSONAL INFORMATION

Last/family name: _____

First name: _____

Birth date (DD/MM/YYYY): _____

Birth place: _____

Country of citizenship: _____

Country of residence: _____

ACADEMIC DEGREE

BACHELOR'S

Bachelor's degree in: _____

University & Country: _____

Language of instruction: _____

Graduation date or expected graduation date (YY, MM): _____

Standard duration of the program (in years): _____

Final grade (if already obtained)¹: _____

Weighted average grade of exams (CGPA)²: _____

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

INTERNSHIPS, RESEARCH ACTIVITIES AND WORK EXPERIENCES

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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 If you are graduating/have graduated in Italy, please provide the weighted average of grade of exams; if you are graduating/have graduated abroad, if a numerical scale cannot be used, please insert the median value (CGPA).

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".

SCHOOL OF PSYCHOLOGY
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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 25 hours. 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 25 hours

Was it part of your degree programme: YES NO

Type of experience (e.g., research collaboration, training, ...): _____

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

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

Brief description of the activities:

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

Experience 2 – lasting at least 25 hours

Was it part of your degree programme: YES NO

Type of experience (e.g., research collaboration, training, ...): _____

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

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

Brief description of the activities:

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

Experience 3 – lasting at least 25 hours

Was it part of your degree programme: YES NO

Type of experience (e.g., research collaboration, training, ...): _____

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

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

Brief description of the activities:

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

Experience 4 – lasting at least 25 hours

Was it part of your degree programme: YES NO

Type of experience (e.g., research collaboration, training, ...): _____

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

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

Brief description of the activities:

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

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Experience 5 – lasting at least 25 hours

Was it part of your degree programme: YES NO

Type of experience (e.g., *research collaboration, training, ...*): _____

Hosting institution (e.g., *school, hospital, organization...*): _____

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

Brief description of the activities:

Name and email of the supervisor of the activities carried out (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 note that:

- *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. .*