



**Allegato 3 – Evaluation form A.Y. 2026/27**

# FOOD, NUTRITION AND HEALTH

*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: \_\_\_\_\_  
Birth place (country): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Country of residence: \_\_\_\_\_

## ACTIVITIES – INTERNSHIPS

*Please list relevant internships (if any). List any internship here below.*  
*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: \_\_\_\_\_

Name and ECTS credits in case it is listed in the transcript of records: \_\_\_\_\_

Was it a voluntary internship? ☐ YES ☐ NO

Hosting institution: \_\_\_\_\_

The activity was in the country of residence or abroad? ☐ Country of residence ☐ 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: \_\_\_\_\_

### Internship 2

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

Type of internship: \_\_\_\_\_

Name and ECTS credits in case it is listed in the transcript of records: \_\_\_\_\_

Was it a voluntary internship? ☐ YES ☐ NO

Hosting institution: \_\_\_\_\_

The activity was in the country of residence or abroad? ☐ Country of residence ☐ 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: \_\_\_\_\_

### Internship 3

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

Type of internship: \_\_\_\_\_

Name and ECTS credits in case it is listed in the transcript of records: \_\_\_\_\_

Was it a voluntary internship? ☐ YES ☐ NO

Hosting institution: \_\_\_\_\_

The activity was in the country of residence or abroad? ☐ Country of residence ☐ 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: \_\_\_\_\_

## 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                           | _____                  | _____  |

## AWARDS

*Only awards related to fields relevant for the Master's degree are going to be evaluated.*

| Type of award and description | Date  | Awarding institution |
|-------------------------------|-------|----------------------|
| _____                         | _____ | _____                |
| _____                         | _____ | _____                |
| _____                         | _____ | _____                |

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

## OTHER ACHIEVEMENTS

*Other achievements are going to be evaluated, including professional and practical experience, leadership or other extracurricular activities, exchange periods abroad, other relevant activities*

| Type of activity and description | Starting and finishing dates | Institution |
|----------------------------------|------------------------------|-------------|
| _____                            | _____                        | _____       |
| _____                            | _____                        | _____       |
| _____                            | _____                        | _____       |
| _____                            | _____                        | _____       |
| _____                            | _____                        | _____       |
| _____                            | _____                        | _____       |
| _____                            | _____                        | _____       |
| _____                            | _____                        | _____       |
| _____                            | _____                        | _____       |
| _____                            | _____                        | _____       |

---

## 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.**