

Conditional Enrollment Self-declaration

NAM	E:	
SURN	IAME:	
BORN IN (city and country):		
BACHELOR'S DEGREE:		
GRAI	DUATION DATE (on final diploma):	
l acknowledge that I have read and understood all the admission requirements as per Article 2 of Call for applications to 1 st and 2 nd level Professional Master's Programmes Academic Year 2025/2026		
l here	by confirm that:	
-	I hold a university degree obtained al	proad;
-		ognition of that qualification for the purposes of "Impresa/Business Management (as per Articles
-		bove-mentioned recognition of the degree and office (master@unibo.it) by <u>January 31st 2026</u> ;
-	The submission of the recognition of 1st level Professional Master in Gestio	my qualification is a requisite to obtaining the ne d'Impresa/Business Management.
-	In the case that I do not present the recognition document and am therefore not awarded the 1st level Professional Master's title, I accept that all tuition fees paid are non-reimbursable;	
-		nt to the Masters Office the residence permit, or plication for the permit (see Art. 5 of the Official
	 Date	 Signature

[PLEASE SEND BACK VIA E-MAIL TO businessmanagement@bbs.unibo.it]