



UNIVERSITÀ DEL PIEMONTE ORIENTALE

**Settore Amministrazione Dipartimenti e
Scuola Area Medica**

To the Head of the Students Office – Medical Area
University of Eastern Piedmont

DECLARATION OF THE EXAM GRADES VERACITY

I, the undersigned _____
born in _____ on
____/____/____ resident in _____ zip code _____
address _____
Fiscal Code _____
Phone _____
Mobile phone _____
Mail address _____

In accordance with the Presidential Decree n. 445 - 28.12.2000, declare under my responsibility:

- to be duly enrolled for the A.Y. _____ at _____ (please specify the year of study course or off-course) of the Master Degree in Medical Biotechnology;
numero di matricola (serial number): _____
- the grades of the exams that are present in the electronic exams transcript (libretto elettronico) fit the true.

The undersigned is aware of criminal responsibility under Art. 76 of the Presidential Decree n. 445 for cases of falsification of documents and false statements.

Novara, date _____

Student Signature _____