



**UNIMORE**

UNIVERSITÀ DEGLI STUDI DI  
MODENA E REGGIO EMILIA

**DEPARTMENT OF SCIENCES LIFE**

**"Annex C"**

APPLICATION FORM FOR ADMISSION AS AUDITOR TO THE MASTER TRAINING PROGRAM IN "DEVELOPMENT, MANUFACTURING, AND AUTHORIZATION OF BIOPHARMACEUTICALS"

Attn. of the Director of the Unimore Post-Degree II-level Master Training Program in "*Development, Manufacturing, And Authorization of Biopharmaceuticals*"

I, the undersigned, \_\_\_\_\_, having read of the possibility of enrolling as an auditor in the Master Training Program mentioned above, following the call for admission published on \_\_\_\_\_,

**APPLIES**

to be admitted as an auditor (please select preferred options):

- in the entire Post-Degree II-level Master Training Program in "*Development, Manufacturing, And Authorization of Biopharmaceuticals*";
- in module I - *Development and Manufacturing* of the Post-Degree II-level Master Training Program in "*Development, Manufacturing, And Authorization of Biopharmaceuticals*"
- in module II - *Clinical Studies* of the Post-Degree II-level Master Training Program in "*Development, Manufacturing, And Authorization of Biopharmaceuticals*";
- in module IV - *Regulatory* of the Post-Degree II-level Master Training Program in "*Development, Manufacturing, And Authorization of Biopharmaceuticals*";
- in module V - *Market Access and Sustainability* of Post-Degree II-level Master Training Program in "*Development, Manufacturing, And Authorization of Biopharmaceuticals*".

For this purpose, using the provisions of art. 46 of the D.P.R. n. 445 of 28/12/2000 and aware that any false declaration will invalidate the benefits obtained and will be subject to the penalties provided for false declarations by art. 75 and 76 of the D.P.R.,

**UNDER ITS RESPONSIBILITY DECLARES THE FOLLOWING:**



**UNIMORE**

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**DEPARTMENT OF SCIENCES LIFE**

First and Last Name:

Fiscal code:

Place of Birth:

Date of birth (dd/mm/yyyy):

Citizenship:

Residence Address:

Domicile Address:

Mobile Phone:

E-mail address:

**High School Diploma in**

School and city:

Year:

Final Mark:

**Bachelor's Degree (or Degree before Ministerial Decree 509/1999) in**

University of:

Date (dd/mm/yyyy):

Final Mark:

**Master Degree ex D.M. 270/40 or Specialist degree ex D.M. 509/99 in**

University of:

Date (dd/mm/yyyy):

Final Mark:

**(if any) Master Program / Advanced training course in**



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University/School:

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Year:

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**(if any) Master Program / Advanced training course in**

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University/School:

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Year:

A copy of my resume together with a copy of my ID is attached to this document.

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Place and date

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Signature

Concerning the processing of personal data, the request managing body declares that those will be used for the sole purpose of registration and will comply with the provisions of Legislative Decree 30/6/2003 n. 196 and Regulation 2016/679/EU.