



**SELF-CERTIFICATION OF ITALIAN LANGUAGE (PROFICIENCY LEVEL B2)
APPLICATION FORM CA' FOSCARI INTERNATIONAL COLLEGE
2022/23 A.Y.**

The Undersigned _____

Born in _____ date of birth _____ / _____ / _____
(dd / mm / yyyy)

City of residence _____ Country _____

Address _____

DECLARES
(Art. 46 D.P.R. 28.12.2000, n. 445,
Italy)

1. to have a proficiency in **ITALIAN LANGUAGE** corresponding to **Level B2** according to the summary of the "Common European Framework of Reference for Languages" approved by the Council of Europe;
2. to be aware that the level of the Italian proficiency will be tested during the interview - as stated in the Call for application - and that, in case of false declaration, the candidate could be excluded from the selection.

I have read the Informative note and I authorize the treatment of my personal data (Law 196/03, Italy).

Place, date _____ Applicant's Signature _____