



Università
Ca' Foscari
Venezia

Collegio Internazionale Ca' Foscari
Università Ca' Foscari Venezia
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**SELF-CERTIFICATION OF ITALIAN LANGUAGE (PROFICIENCY LEVEL B2)
ATTACHED TO THE APPLICATION FORM OF THE CA' FOSCARI
INTERNATIONAL COLLEGE 2025/26 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 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 and date _____

Applicant's signature _____

Legal Guardian's Signature _____

(Compulsory for all applicants under the age of 18 at the time of application. Please attach a copy of your legal Guardian's identity document)