



The Undersigned

SELF-CERTIFICATION OF ITALIAN LANGUAGE (PROFICIENCY LEVEL B2) ATTACHED TO THE APPLICATION FORM OF THE CA' FOSCARI INTERNATIONAL COLLEGE 2023/24 A.Y.

	
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 i	n ITALIAN LANGUAGE corresponding to Level B2
according to the summary of t	the "Common European Framework of Reference for
Languages approved by the Co	ouncil of Europe;
2. To be aware that the leve	el of Italian proficiency will be tested during the interview
- as stated in the Call for app	plication – and that, in case of false declaration, the
candidate could be excluded from	om the selection.
I have read the Informative no (Law 196/03, Italy).	te and I authorize the treatment of my personal data
Place and date	
Applicant's signature	
Legal Guardian's Signature _	
(Compulsory for all applicants und copy of your legal Guardian's iden	der the age of 18 at the time of application. Please attach a ntity document)