

## APPLICATION FOR THE RECOGNITION OF WORK EXPERIENCE

Name and surname

Study ID n.

The following circumstances are given:

**a) Work experience gained in public administrations or in public service providers**

I, the undersigned, present statement about my work experience, for which I intend to apply for recognition. I am aware of the penalties, in case of false statements, formation or use of false documents, as stated in the art. 76 of the Presidential Decree 445 of the 28th December 2000.

**b) Work experience gained in companies or private organizations**

I, the undersigned, attach to this application form a certification of the employer with information about the type of activity, its content and duration.

Please tick if appropriate:

I declare that the company is controlled directly or indirectly by family members

I declare that the company is controlled directly or indirectly by myself

### Degree Course

Name of the employer

Address

Line manager/contact person

Phone

e-mail \_\_\_\_\_

Work experience: period from \_\_\_\_\_ to \_\_\_\_\_ total \_\_\_\_\_  months  hours

Work experience: period from \_\_\_\_\_ to \_\_\_\_\_ total \_\_\_\_\_  months  hours

**Whole duration of the work experience**

months  hours

**Summary report** (continue on another paper if necessary)

1. Brief description of the work environment and work experience;
2. Description of the activities carried out and competences gained;
3. Skills and knowledge acquired. Reflection on the skills acquired in relation to the contents of your Degree Course.

**Information ex art. 13 Legislative Decree 196/2003:** in addition to the information sheet you have received at the enrollment, we inform you that the Free University of Bolzano will also process this data with the aid of electronic means, but only with regard to the present application.

(Place, date)

**Signature**

In case of *a) work experience in public administrations or in public service providers*: in accordance with the article 38, Presidential Decree 445 of the 28<sup>th</sup> December 2000, the **declaration has to be signed in the presence of the responsible employee** or sent to the competent office by fax, through a designated person, or by post with a copy of an identity card .

*The compilation of the box below is the responsibility of the designated administration:*

The Council of the Degree Course/the Traineeship Commission/ the Council of the Faculty confirms the recognition of **the student's work experience, for a duration of** \_\_\_\_\_  months  hours and approves the assignment of \_\_\_\_\_ credits (deliberation of the Council of the Degree Course/the Council of the Faculty/Placement Commission nr. \_\_\_\_\_ of \_\_\_\_\_ )

approved

not approved

Signature \_\_\_\_\_