

Self-certification of English Language (Proficiency Level B2) Application Form Polimoda A.A. 2022/2023

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 ENGLISH 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 English 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 _____

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.

Polimoda

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