

## Conditional Enrollment Self-declaration

NAME:	
SURNAME:	
BORN IN (city and country):	
BORN ON (dd/mm/yyyy):	
BACHELOR'S DEGREE:	
UNIVERSITY:	
GRADUATION DATE (on final diploma):	
I acknowledge that I have read and understood all the admission requirements a	ns per Article 2 of the official
Call for Applications ("Call for applications for admission to the Professional N	Master Programme I level in
Artificial Intelligence and Innovation Management").	
I hereby confirm that:	
- I hold a university degree obtained abroad;	
- I am aware that I must obtain the recognition of that qualification for th	ne purposes of admission to
the programme (as per Article 4 of the Official Call);	. ,
- It is my responsibility to obtain the above mentioned recognition of the de	earee and that I must submit
it to Bologna Business School as soon as possible;	9
- The submission of the recognition of my qualification is a requisite	e to obtaining the 1st level
Professional Master in Artificial Intelligence and Innovation Management,	
- In the case that I do not present the recognition document and am theref	
Professional Master's title, I accept that all tuition fees paid are non-reim.	
- Subsequent to enrollment I will present to the Masters Office the reside	
receipt confirming the application for the permit (see Art. 12 of the Office	ial Call).
	Signature

[PLEASE SEND BACK VIA E-MAIL TO artificialintelligence@bbs.unibo.it]