



DECLARATION

I, the undersigned, Lect. dr. Formosa Cynthia, holder of the identity document no. 408268M., issued by ...Government of Malta., residing at ...101, Triq Alessio Xuereb, San Gwann., hereby declare under my own responsibility that I will carry out the following teaching activities in the following subjects, within the Faculty of Biology and Geology, undergraduate study program in *Podiatry*:

1. Fundamente de podiatrie / Introducere în podiatrie
2. Podiatrie preclinică

Name and Surname:

Formosa Cynthia

Date:

.....21/05/2025.....

Signature:

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