Imposta di bollo assolta in modo virtuale - Aut. N° 27117/2004 del 13/05/04 - Ag. delle Entrate Milano 2

TRANSFER APPLICATION

I, the undersigned

NAME_____ SURNAME_____ BORN IN (city, Country)

_____ON_____/____/_____ CODICE FISCALE (if international student, leave this

part blank)_____EMAIL_____

PHONE_____

HAVING BEEN AWARDED THE SECONDARY SCHOOL QUALIFICATION

Diploma (e.g. maturità classica, IB diploma, A-Levels etc.)_____

Date of completion___/___/_____ Final grade_____ Institution_____

Country_____

CURRENTLY ENROLLED AT

University name_____ Country_____ Enrolled in

year _____ of the Degree programme in_____

REQUEST

Transfer to year* ___ of (name of UniSR course) _____

*The Academic Committee will establish the year of the course in which the candidate can enrol, which may not correspond to the one indicated in this form.

I, the undersigned, am enclosing the documentation required according to the transfer procedure published on the UniSR webpage, being aware that the application will be evaluated only and exclusively if complete with the required attachments.

Date_____

Signature (full and legible)

_____