



THE UNIVERSITY OF SIENA
DEPARTMENT OF SOCIAL, POLITICAL AND COGNITIVE SCIENCES
STUDENTS AND COURSE ADMINISTRATION OFFICE

TO THE RECTOR OF THE UNIVERSITY OF SIENA

APPLICATION FOR GRADUATION

Matriculation no. _____

I, the undersigned, (*full name*) _____
Born in _____ Country _____ on ____/____/____
institutional email _____@student.unisi.it cell. _____
enrolled in a.y. 20____/20____ on the ____year on track not on track with exams (*fuori corso*)

First cycle Degree Course
in _____

Curriculum _____

Second Cycle Degree Course *specialistica* *magistrale*

Curriculum _____

REQUESTS

permission to sit the final exam for the degree course in _____
(exam code _____) during the graduation session of _____ in a.y. 20____/20____
The title of my thesis is (write the **definitive** title in block letters)

Supervisor: Prof./Dott. _____

Co-examiner (only for second cycle degrees: *specialistica/magistrale*)
Prof/Dott _____

Advisor (where applicable) _____

N.B. in the case of external professors, indicate their telephone number and email.

SUPERVISOR'S SIGNATURE

(date) _____

I, the undersigned, declare under my own responsibility, that I have passed the following exams:

	Course module	Mark/assessment	date	University credits	Elective (*)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

- Mark "elective" exams (*those chosen by the student*) with an X

and must still sit the following exams:

	name of module	date	University credits
1			
2			
3			
4			

DECLARATION OF PARTICIPATION IN INTERNATIONAL MOBILITY PROGRAMMES

I, the undersigned, _____ declare that I have been in receipt of a Study Grant in the framework of an **International Mobility Programme** in a.y. _____

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Pursuant to Legislative Decree no. 196 of 30.06.2003, this is to inform you that the information requested in this documentation is necessary for the purpose of the proceedings for which it is collected. This information, set out in current regulations, will be used exclusively for this purpose and in any case within the context of the institutional activities of the University of Siena, and may be communicated to external organizations and/or companies for the same purposes. In relation to the data provided, the student reserves the rights set out in the abovesaid decree. The data controller is the University of Siena - Via Banchi di Sotto no. 55 – Siena.

Siena, _____

(student's legible signature)

I, the undersigned, declare that I am aware of the "Guidelines for granting sponsorship, use of the logo and of spaces of the University of Siena" published at the following page of the University Portal <https://www.unisi.it/ateneo/richiesta-uso-logo> and that I undertake to respect them.

I, the undersigned, undertake to pay stamp duty so that my original degree certificate may be issued.

Method of delivery of the original degree certificate:

- Collected from the Degree Certificates Office (*Ufficio rilascio diplomi*)
- Shipment - you will be charged postage and handling costs - to the following address (no overseas delivery):

Full address _____

postal code _____ City _____ Province _____

Tel. _____ Mobile phone no. _____

Siena, _

(student's legible signature)

(date)

PART TO BE FILLED IN BY THE SUPERVISOR

DECLARATION OF PLAGIARISM CHECK (TURNITIN PROGRAMME)

THE SUPERVISOR, HAVING VIEWED REPORT NO. (*) _____

SHOWING A SIMILARITY INDEX OF _____

HEREBY DECLARE THAT

- I approve the degree thesis
- I approve the degree thesis, even though the Turnitin programme indicates the similarity is *greater than* the non-physiological limit for the thesis topic (in this case, indicate the reason):

SUPERVISOR'S SIGNATURE

(date) _____

(*) Indicate the no. of the Turnitin Report which can be found by accessing your personal page on the e-learning platform: click on the activity reporting the graduand's Surname and Name.