



UNIVERSITÀ
DI SIENA
1240

FOR THE ATTENTION OF THE RECTOR OF THE UNIVERSITY OF SIENA

REGISTRATION NO. _____

The undersigned _____

Born in _____ (_____) on _____

resident in _____ in Via/P.zza _____

Tel. _____ Mob. _____ e-mail: _____

enrolled for academic year _____ / _____ in the _____ course year/supplementary

year of the Three-Year Degree Course in

of the **Department of Information Engineering and Mathematical Sciences,**

APPLIES:

to take the final test in the session of _____ with the text
entitled:

Name of Referent _____ Signature _____

The undersigned further states:

to have spent a period of study with the framework of the ERASMUS/SOCRATES programme
at the University of _____

PRIVACY STATEMENT

Statement pursuant to Art. 10 of Law 675/96 and subsequent amendments and additions.
The details reported above are required by applicable provisions for the procedure for which they are requested.
They will be used solely for that purpose and, in any case, as part of the institutional activities of the University of
Siena, including any exchange of information to facilitate employment recruitment. The interested party retains
the rights under Art. 13 of the above-cited Law.

Siena..... Signature.....

Three-Year Degree

Finally, I commit myself to paying the tax stamp for the issue of the original graduation diploma.

Pick up/Delivery of the original graduation diploma:

- Graduation Day
- Collection within 90 days of graduation
- Delivery to the address provided with postage & packaging charges

Residence/Address where the diploma must be delivered:

Address _____ no. _____

ZIP code _____ City _____ Country _____

Phone _____ Cell phone _____

Siena, _____

Legible signature