This document must obligatorily be submitted at the time of enrollment/registration on hard copy.

▶ STUDENTS WITH DISABILITIES

Pursuant to art. 8 of the Prime Ministerial Decree of 09.04.2001 and pursuant to art. 3, paragraph 1 of Law 104/1992, students with disabilities have the right to obtain total exemption from the payment of university fees and contributions by ticking the box and submitting a certificate of disability indicating the percentage recognized by the competent authorities.

☐ Tick the box if the student falls into the category of disabled persons with a recognized disability equal to or greater than 66% and indicate the percentage of disability________certified by_________________________________________

_________________dated __/__/_________certificate expiry __/__/___________

☐ Tick the box if the student falls into the category of disabled persons with a recognized disability equal to or greater than 66% and indicate the percentage of disability________certified by_________________________________________

_________________dated __/__/_________certificate expiry __/__/___________

☐ Tick the box if the student falls within the category of disabled persons pursuant to art. 3, paragraph 1 of Law 104/1992

▶ STUDENT WITH SLD DIAGNOSIS (pursuant to law 170/2010 on specific learning disorders in schools)

☐ Tick the box if the student has a diagnosis of SLD certified by_________________________________________

_________________dated __/__/_________certificate expiry __/__/___________

▶ STUDENT IN DETENTION REGIME

☐ Tick the box and indicate the name of the detention house and the location

▶ POLITICAL REFUGEE STUDENT

☐ Tick the box and indicate the country of origin
STUDENT OVER SIXTY YEARS OF AGE

☐ Tick the box

PUBLIC EMPLOYEE STUDENT

Please tick and fill in one of the boxes

☐ fixed-term employee in service since ________________________________
at ________________________________

☐ permanent staff member in service since ________________________________
at ________________________________

Siena,_________________________Student's signature____________________________

DECLARATION OF ACCEPTANCE OF THE RULES ON ENROLLMENT/REGISTRATION AND UNIVERSITY FEES

The undersigned(name and surname)__________________________________________
declares to be aware of the regulations in force for enrollment and registration for
the academic year contained in the Annual Manifesto of degree, single-cycle master's
degree, and master's degree courses of studies and in the Regulations for the
determination and payment methods of fees and contributions due for enrollment in
courses at the University of Siena.

Siena,_________________________Student's signature____________________________