



UNIVERSITÀ
DI SIENA
1240

Department _____

Students and Course
Administration Office

UNISI student no. _____

I, the undersigned _____
_____ student no. _____
Italian fiscal code _____ resident in (full address) _____
_____ city _____
postal code _____ mobile phone _____
_____ personal e-mail account _____ University e-mail
account _____@student.unisi.it

└ Having submitted a request to switch degree course/specialization
From the Bachelor's / Master's degree course in _____
To the Bachelor's / Master's degree course in _____

└ Having submitted a request to transfer from the University of _____

REQUEST

enrolment for ay ____/____ in the _____ year of the course and recognition of the following exams :

<i>To be filled in by the student</i>		
Course for which recognition is requested	Credits	Academic-scientific sector (SSD)

Total credits _____

Siena, (*date*) _____

Signed _____

N.B. Students from other Departments or Universities must enclose the syllabuses of the courses approved by the Department or University of origin for the year in which the exam was taken.