UNIVERSITÀ DI SIENA 1240

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

ACADEMIC YEAR _____

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

Matriculation no. _____

I, the undersigned, (*full name*)_____

email (*university*) _____@student.unisi.it - **cell.**_____

Enrolled for a.y. 20___ /20___ to the ___ year on schedule ☐ not on schedule (*fuori corso*) ☐ n the

- first cycle degree course in _____
- second cycle degree (*specialistica/ magistrale*) course in _____

REQUESTS

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Siena, _____ Firma _____