



UNIVERSITÀ
DI SIENA
1240

Magnifico Rettore
Università degli Studi di Siena
Via Banchi di Sotto 55
53100 SIENA

I (name, surname) _____ born on _____

In _____ Italian tax code (Codice Fiscale) _____
(enclose copy of codice fiscale)

Telephone _____

Resident in (full address) _____

Enrolled for the academic year _____ on the degree programme in _____

_____ matriculation no. _____

REQUEST THE REIMBURSEMENT OF THE FEES PAID IN EXCESS

BY ONLINE CREDIT CARD PAYMENT

Payment date _____ amount € _____ reason _____

Card number _____

Cardholder's name _____

Payment date _____ amount € _____ reason _____

Card number _____

Cardholder's name _____

Notes: _____

REASON (tick the box applicable):

- Degree awarded before the last session scheduled for Academic Year _____
- Exams completed before the last session scheduled for Academic Year _____
- Erroneous payment of transfer fee
- Fee not due
- Recipient of/eligible for ARDSU study grant
- Employee of the University of Siena / Siena University Hospital
- Retired and over 60 years of age
- Invalidity of over 66%
- Fees paid in excess of amount required
- Other _____

To this end I request that the fees be reimbursed via reversal of the credit card payment.

I declare that the amount I request the reimbursement of has not been included in an Income tax declaration and that for the same amount no reimbursements, contributions or benefits have been requested or received for any reason, from public administrations, bodies or private parties, by either myself nor any member of my family or people I live with, even those without a family relationship.

I also declare that, if reimbursement is also made for previous years, I will deal with any obligations in relation to the regularization of my tax situation or that of my family, in the event that income tax deductions have been made in relation to the sum paid.

I further declare that I have not requested reimbursement from other public or private bodies for the abovementioned sum.

This form must be sent by email to the address gestione-tasse@unisi.it **ONLY** using an institutional email address (student.unisi.it).

Place and date _____

Legible signature _____