



Università di Siena
1240

TO THE RECTOR
OF THE UNIVERSITY OF SIENA

STUDENT REGISTRATION No.

I, THE UNDERSIGNED.....

BORN IN (PROV.....) ON

C.F (tax code)E-

MAIL..... TELEPHONE.....

ENROLLED IN CURRENT YEAR OUT OF COURSE,

FOR THE ACADEMIC YEAR 20 / 20 AT THE DEPARTMENT / SCHOOL OF

.....

COURSE OF

DEGREE (reg. Prior to Ministerial Decree 509/1999)
Decree 509/1999)

SPECIALIZED DEGREE
regulations)

DEGREE (regulations pursuant to Ministerial Decree 270/04)

DEGREE (regulations pursuant to Ministerial

SINGLE CYCLE DEGREE (according to EU

MASTER'S DEGREE

IN.....

CURRICULUM (IF PROVIDED)

REQUEST FROM THE RECTOR:

A CHANGE OF ORDER/PATH (CURRICULUM)

TO BE GRANTED THE **CHANGE OF ORDER DM 270/2004** FOR THE DEGREE COURSE IN

.....

TO OBTAIN THE **CHANGE OF PATH** IN THE CURRICULUM

.....

In on/...../.....

LEGIBLE SIGNATURE.....

I, the undersigned ALSO DECLARE under my own responsibility: To have read and understood the privacy policy pursuant to European Regulation no. 679/2016, GDPR - Personal data protection code available in the portal section [Home ▶ Ateneo ▶ Adempimenti ▶ Privacy e Cookie policy](#)