

TRANSFER/CHANGE OF PROGRAMME

Revenue stamp for the amount provided for by law

THE RECTOR
UNIVERSITY OF SIENA

MATRICULATION NO.

I (NAME, SURNAME).....BORN IN

.....ON.....ITALIAN TAX CODE (Codice Fiscale).....

ENROLLED ON THE.....YEAR up to date with exams (*in corso*) not up to date with exams (*fuori corso*) FOR THE ACADEMIC YEAR 20...../20..... AT THE DEPARTMENT OF

....., ON THE FOLLOWING DEGREE PROGRAMME

- FIRST CYCLE (prior to D.M. 509/1999)
- SECOND CYCLE (*specialistica*)
- FIRST CYCLE (ordinamenti ex D.M. 270/04)
- FIRST CYCLE (under D.M. 509/1999)
- SINGLE LONG CYCLE (EU-regulated)
- SECOND CYCLE (magistrale)

IN.....

REQUEST AUTHORIZATION TO:

TRANSFER TO ANOTHER UNIVERSITY

- TRANSFER TO THE DEPARTMENT OF.....
AT THE UNIVERSITY OF.....
AND THE DEGREE PROGRAMME IN.....
- under D.M. 509/1999
- under D.M. 270/2004
- single long cycle (EU-regulated)

I ENCLOSE:

- **UNDERGRADUATE RECORD BOOK (if applicable)**
- **RECEIPT OF FEE FOR TRANSFER TO ANOTHER UNIVERSITY**
- **AUTHORIZATION of the University I wish to transfer to (only for transfer to first or second cycle degree programmes with admission exam)**

TRANSFER TO ANOTHER DEGREE PROGRAMME AT THE UNIVERSITY OF SIENA

- TRANSFER TO A DEGREE PROGRAMME AT THE DEPARTMENT OF**
OF THIS UNIVERSITY DEGREE PROGRAMME IN
- under D.M. 509/1999
- under D.M. 270/2004
- single long cycle (EU-regulated)

RECOGNITION OF CREDITS OBTAINED SO FAR (according to the law in force)

- YES
- NO

I ENCLOSE:

- **UNDERGRADUATE RECORD BOOK (if applicable)**
- **AUTHORIZATION of the University I wish to transfer to (only for transfer to first or second cycle degree programmes with admission exam)**

LEGIBLE SIGNATURE.....

Place and date...../...../.....

Address for communications related to this request:

Street.....No.....
Postal/Zip code.....City/town.....
Region/State.....Tel.....