



REGISTRATION, ENROLLMENT OR SHORTENING OF STUDIES FORM¹

ACADEMIC YEAR ____/____

¹ For the purpose of compiling this form:

- ▷ -"Registration" is what students do when they enroll for the first time in their life in a course of study at an Italian university.
- ▷ -"Enrollment" is what students do when they enroll in the first year of the master's degree courses pursuant to Ministerial Decree 270/2004, as well as when they enroll in years subsequent to the first.
- ▷ "Shortening of studies" means the reduction of the normal duration of the courses which may be granted upon request and subsequent recognition by the competent Teaching Committee: a) in the presence of credits (CFU) for previous activities, b) in the presence of an exceptionally high learning performance and in any case within the limits of 75 annual credits. This last possibility does not apply to single-cycle master's degree courses regulated by EU legislation.



REGISTRATION, ENROLLMENT FORM OR SHORTENING OF STUDIES

To ensure legibility of the data entered, the application must be completed in block letters

AREA A PERSONAL DATA

registration number

| | | | | | | | | | |
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tax code

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The undersigned

name _____ surname _____

born on ___ / ___ / ___ in _____
province _____

nation _____ citizenship _____

resident in

address (street and house number)

municipality _____

town _____

province _____ ZIP code _____

telephone _____ email _____

having obtained in the school year ___ / ___ the diploma of _____
_____ if the high school diploma was
obtained abroad indicate the years of schooling ___

with a mark/grade of ____/____ at the

Institute _____

municipality _____

province _____

ZIP code _____ country _____ address (street and house

number) _____ issued on ____/____/_____

REQUESTS

to be registered enrolled enrolled with a shortening of studies

to the degree course

in the single cycle master's degree course/EU legislation

to the master's degree course

in _____

curriculum (if present)/class (if the course of study was interclass)

AREA B PREVIOUS ACADEMIC DEGREE COURSES

1. The undersigned declares, under his/her own responsibility, not to be enrolled in another degree course, specialized degree or master's degree, research PhD, or specialization school at this or any other University.

2. The undersigned declares to have already registered for the first time in the university system, at the University of _____

AY ____/____ on _____

SECTION B1 FOR GRADUATES / GRADUATES OF I AND II LEVEL / UNIVERSITY DIPLOMA HOLDERS

The undersigned declares to have enrolled in the university degree /bachelor's degree/specialized degree/ master's degree course in

Department of _____

University _____ nation _____

in the academic year ____ / ____ and to have graduated/got a degree in the academic year ____ / ____ on ____ / ____ / ____ with grades/marks ____ / ____ and therefore, applies for recognition of the exams taken, as per the attached self-certification.

SECTION B2 FOR STUDENTS TRANSFERRING FROM ANOTHER UNIVERSITY

The undersigned, coming from the University of

degree course/specialized degree/master's degree in

enrolled in the academic year ____ / ____ requests to be accepted to continue the studies for the current academic year at this University

degree/master's degree course in _____

SECTION B3 FOR STUDENTS WHO HAVE WAIVED STUDIES OR WITH FORFEITURE OF STUDIES FROM A PREVIOUS UNIVERSITY DEGREE

The undersigned declares to have enrolled in the university degree/bachelor's degree/specialized degree/master's degree course in

Department of _____

University of

_____ country _____ in the

AY ____ / ____ on date ____ / ____ / ____ and to have waived/or have been declared in forfeiture on ____ / ____ / ____

Requests the recognition of the exams taken and/or the University Educational Credits acquired as per the attached self-certification

yes no

AREA C PART-TIME OR FULL-TIME

the undersigned declares to choose the position of student

part-time² full-time³

AREA D ADDRESS IN SIENA OR PROVINCE

Address (street and house number)

municipality _____

town _____

_____ province _____ ZIP code _____

telephone _____

Tick the box if the student is still looking for a home in Siena or province. The student is required to communicate his/her contact details in Siena and any subsequent changes to the competent Ufficio studenti e didattica (Students and Teaching Office).

The interested party has been identified by

identity card number _____ issued on _____ by _____

driving license n. _____ issued on _____ by _____

other(specify) _____ no. _____

issued on _____ by _____

² The student who carries out didactic activities and obtains the credits related to the training activities foreseen for each course year in two academic years is considered "part-time", without prejudice to any attendance obligations. The choice remains valid for two academic years, in the second of which the student is enrolled as a repeating student (without prejudice to the student's right to opt for full time each year upon completing the enrollment; in this case the amount of the university contribution and the student will be required to pay any higher amounts within the terms established by the office).

³ A student who does not fall within the category referred to in the previous note is considered "full-time".

Siena, _____

Student's signature _____

The undersigned, pursuant to art. 46 of Presidential Decree no. 445/2000, aware that anyone who issues false declarations, drafts false documents, or makes use of them is punished pursuant to the criminal code and special laws on the subject (Article 76 of Presidential Decree no. 445/2000), self-certifies the above states, personal qualities, and facts.

The University Administration establishes the methods by which the declarations made on this or through other media - paper or electronic - are checked annually, analytically or by sample.

Siena, _____

Student's signature _____

The undersigned _____ certifies that the above declaration, read and confirmed by the declarant, was made and signed in his presence.

Siena, _____

Signature of the employee _____

The undersigned ALSO DECLARES under his/her 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](#)
- to give my consent to the processing of my data by the University

Declarations can be submitted already signed as long as they are accompanied by an unauthenticated photocopy of an identity document of the undersigned declarant and by a proxy drawn up in accordance with the regulations in force.