REGISTRATION, ENROLLMENT OR SHORTENING OF STUDIES FORM

ACADEMIC YEAR _____/_____
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

tax code

The undersigned

name__________________________ surname __________________________

born on ___/___/____ in _______________________

province____

country__________________________ 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)

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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-time  ☐ full-time

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________________________ issued on________________________

☐ driving license n.__________________________ issued on________________________ issued on________________________

☐ other(specify)__________________________ no.________________________

issued on________________________

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".
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.

The undersigned ALLOw 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.