REGISTRATION, ENROLLMENT OR SHORTENING OF STUDIES FORM\textsuperscript{1}

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___

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

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...

degree/master's degree course in...

SECTION B3  FOR STUDENTS WHO HAVE WAIVED STUDIES OR WITH FORFEITURE OF...

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

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
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

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________________________

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 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.