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)
□ DEGREE (regulations pursuant to Ministerial Decree 509/1999)
□ SPECIALIZED DEGREE
□ SINGLE CYCLE DEGREE (according to EU regulations)
□ DEGREE (regulations pursuant to Ministerial Decree 270/04)
□ 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